



University of Manitoba

Postgraduate Medical Education (PGME) Assessments Process and Guidelines

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Introduction

This is to provide specific process and information regarding Assessments and Evaluation. The goal is to maintain consistency, standardization and proper assessment/evaluation structure across all PGME Programs and to provide feedback/recommendations to Programs for better assessments and evaluations.

The below table describes the functionality of different types of PGME Assessments and Evaluations.

Assessment/Evaluation	Description
360	Typically used for multi-source feedback designed to provide clinical performance measures as well as attitudinal and professional behaviour assessment of the trainee
Clinical Encounter Assessment (CEA)	Assessment of performance on a specific event or interaction
Clinical Supervision Assessment (CSA)	Assessment of performance over a period of time during which resident was supervised (daily, weekly, biweekly etc.)
Educational Event Assessment (EEA)	Assessment of the presenter, venue and topic for an educational event
Entrustable Professional Activity (EPA)	Is a “unit of professional practice” that is comprised of measurable tasks and abilities (milestones)
Field Note	Is a tool of the real-time recording of resident assessment, intended to provide commentary, usually narrative on a specific trainee educational experience or event
In-Training Assessment Report (ITAR)	Assessment of a trainee at the end of a rotation/clinical learning experience
Mid-Rotation Assessment (MRA)	Mid-Rotation Assessment
Faculty Evaluation	This evaluation allows trainees working with Preceptors for a short period of time to complete a “short” form providing feedback, similar to a field note. <i>This is an option to use in addition to the Preceptor Feedback Form</i>
Preceptor Feedback	Evaluation of a Preceptor by a trainee
Report of Resident Progress (RORP)	A summative global narrative report documenting resident assessment and overall progress in the Residency Program, including readiness for advancement to the next stage of training/completion of training
Rotation Evaluation	Evaluation of Rotation by a trainee
Mistreatment Survey	A secure external survey where UGME/PGME Learners can report Mistreatment. There are two ways to access the survey: at the end of a Rotation Assessment <u>OR</u> on the Entrada Helpful Links (LT Menu)
Exit Survey	A single secure external survey at the end of training sent out by the PGME Office from SurveyMonkey

Entrada Form Types

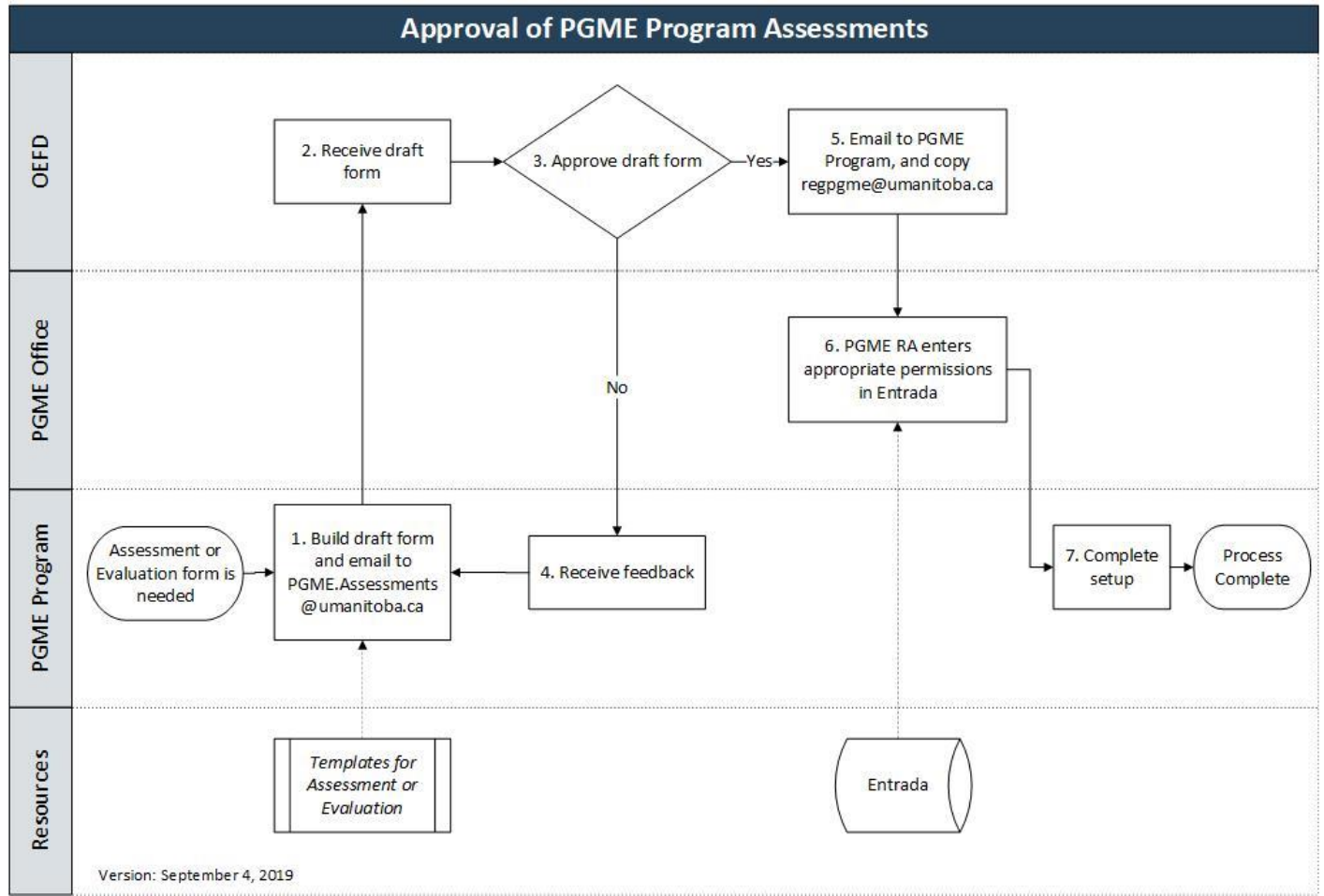
There are multiple **Entrada Form Types** that can be used for creating the above Assessments/Evaluations depending on the desired characteristics.

Two options exist in Entrada for building forms:

- Building forms with a template (e.g. supervisor, procedure, and field note forms)
- Building forms without a template (e.g. generic, periodic performance assessment (PPA) or rubric form)

Entrada Form Type	Characteristics
Supervisor Form	<p>A supervisor form is used to give a learner feedback on a specific EPA and can be triggered by a learner or supervisor. Once an EPA is selected, the form displays the relevant milestones to be assessed.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/creating-and-managing-forms/supervisor-form-template</p>
Procedure Form	<p>A procedure form is an assessment tool that can be used to provide feedback on a learner’s completion of a specific procedural skill. Once a procedure is selected, specific criteria will be displayed. A procedure form can be initiated by a learner or faculty.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/creating-and-managing-forms/procedure-form-template</p>
Field Note Form	<p>A field note form template is used to give a learners narrative feedback about their performance.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/creating-and-managing-forms/field-note-form-template</p>
Generic Form	<p>A generic form type which offers increased flexibility to add items of your own design.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/forms-tools-introduction</p>
Periodic Performance Assessment (PPA) Form	<p>A Periodic Performance Assessment (PPA) Form is designed to capture longitudinal, holistic performance trends.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/creating-and-managing-forms/ppa</p>
Rubric Form	<p>Rubrics are assessment tools that describe levels of performance in terms of increasing complexity with behaviourally anchored scales.</p> <p><i>Learn More Here:</i> https://docs.eletra.org/learn-eletra-me/cbme/creating-and-managing-forms/rubric-forms</p>

Process



The process for approving PGME Program Assessments is initiated with the PGME Program identifying a need for an Assessment or Evaluation form.

Process Step	Description
1. Build draft form in Entrada and email PDF version to PGME.Assessments@umanitoba.ca	The PGME Program uses the Templates for Assessment or Evaluation Templates to draft a form. These location for these templates along with a description are described in the <i>Entrada Form Types</i> section of this document. The completed form is emailed to the PGME.Assessments@umanitoba.ca email address.
2. Receive Draft Form	The OEFD monitors the PGME.Asesments@umanitoba.ca email address, and will triage and distribute emails to this inbox as needed.
3. Approve Draft Form	An Educational Specialist within the OEFD will review the assessment to see if meets the pre-defined criteria for an approved assessment or evaluation. If the assessment or evaluation is not approved, then feedback will be drafted and the process will proceed to Step 4. If the assessment or evaluation is approved, then the process proceeds to Step 5. The OEFD will aim to proceed from Step 3 to Step 4/5 within 10 business days.
4. Receive Feedback	The PGME Program will receive feedback from the OEFD on revisions, which they are obliged to consider for the assessment or evaluation.
5. Email approved status response to PGME Program, and copy regpgme@umanitoba.ca	The OEFD will send an email with the approved status to the original requestor in the PGME Program, and will copy the regpgme@umanitoba.ca email address.
6. PGME RA enters appropriate permissions in Entrada	The PGME RA enters the appropriate permissions on the approved assessment or evaluation in Entrada

7. Complete set-up	The PGME Program completes the set-up of distributions in Entrada.
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The approved assessment or evaluation form is available for the program to be used, and the process is now complete.

General Guidelines:

A. Form Name in Entrada:

Program – Form Type – Rotation
i.e. General Surgery – ITAR - Endoscopy

B. Likert Scale

Programs have access to existing Likert Scale options in Entrada. Please refer to [Appendix 2](#) for more information.

C. Program Assessment Plans & Exams

To supplement our clinical assessments, many programs use various other instruments, such as MCQs, OSCEs, orals, STACERs, simulation and others. This is to be commended and allows us to gather a more comprehensive picture of the strengths and weaknesses of our trainees. Each program must decide how it will use these instruments in the overall assessment process. Some may be strictly limited to a formative role, some may be specifically for advancement. It is not uncommon for programs to use assessments for a primarily formative role, but then seek to introduce them as additional evidence of weakness in the event of borderline performances on other assessments. All three of these approaches are acceptable, and at the discretion of the program. The terminology is not prescriptive, but it is absolutely crucial that the program have a clearly stated policy for how each type of assessment will be used. In the absence of such a policy the assessment is assumed to be purely formative and really cannot be introduced in a summative context.

The elements that need to be specified include:

1. The criteria for determining the outcome. Outcomes are typically pass/fail. Some groups may wish to define more categories of outcome. This could be simply for more nuanced feedback to the trainee, or for the purposes of determining the consequences as detailed in the following sections. There is no required number or terminology for the outcomes, as long as they are clear. Whichever outcomes are to be used, each one must have a specific threshold or benchmark. For example:
 - Program 1 uses an MCQ at the end of phase 2. They use a pass/fail outcome. Their assessment policy should state
 - “The Phase 2 exam is an MCQ. The pass mark is 1 SD below the average score of all residents who took the exam over the last 3 years”*
 - Program 2 uses an oral exam at the end of phase 2, but they want to delineate more levels of performance and they have chosen to state
 - “The phase 2 exam is an oral exam that is scored on a rubric generating a score from 0 to 100. The score is used to determine the outcome of the exam as follows:*
 - Outstanding= 1 SD above the current cohort mean*
 - Pass= with 1 SD above the class mean*
 - Borderline= within 1 SD below the mean*
 - Fail= between 1-2 SD below the mean*
 - Egregious fail= > 2 SD below the mean*

2. What happens of the resident does not get a clear pass? Depending on the intended use of the exam, the sequence of events that is triggered by an adverse outcome on the exam might vary.
 - a. First, is there some confirmatory assessment that is used prior to moving on in the process? If the resident fails this exam, do they get to write it again? Is there a second assessment like an oral exam that is used? For example:

If the resident fails this exam, the resident will repeat the exam one month later. The outcome of the second exam will be treated as the final outcome.
 - b. Once the final outcome, is determined, what happens? There is no specific prescribed set of consequences, as long as they are clear, fair and consistent. Examples would include, but not be limited to:
 1. *This exam is considered formative. The outcome of this exam will not be considered in advancement or summative decisions, but should be used by the resident to guide their studies.*
 2. *This exam is considered formative. It will not be used as the sole criterion for progress decisions. The result may, however, be taken into consideration with other information in establishing an overall pattern of performance.*
 4. *Program 1 from section 1 simply states that residents who fail this exam will continue in phase 2 and undergo a remediation*
 3. *The very zealous hypothetical program 2 from section 1 states that*
The outcome on this exam will lead to the following:
 - Outstanding or pass= progress to phase 3*
 - Borderline- progress to phase 3 with a modified learning plan*
 - Fail- continue in phase 3 with a modified learning plan*
 - Egregious fail- undergo a 3 month remediation*

3. Residents have to be informed and have easy ongoing access to the policy

Please review your program's assessment plan and make sure that you have clear policies regarding how ANY assessments will be used.

Appendix 1 – Recommendations for How to Write an Assessment Item

Assessment Item should:

1. **Be Observable.** When reading the assessment, the observable behaviour attached to the assessment should be articulated. For example, if an objective asks for “an understanding,” it is unknown how this “understanding” would be observed. To promote clarity, articulating the observable behaviour using verbs such as demonstrate, apply, etc., would inform how this assessment is intended to be observed and evaluated.
2. **Use Verbs.** A verb relevant to the level of the assessment should be included. For a list of verbs, please see these resources on Bloom’s taxonomy:
 - <http://teaching.utoronto.ca/wp-content/uploads/2015/08/Learning-Outcomes-Using-Blooms-Taxonomy.pdf>
 - <http://teaching.utoronto.ca/teaching-support/working-w-grads/ci-ta-relationship/active-verbs/>
 - <http://www.uleth.ca/teachingcentre/blooms-taxonomy>
 - <https://www.uleth.ca/education/resources/research/research-centers/literacy-planning/resources/eval/assessment>
3. **Be Specific.** The assessment should precisely describe what the learner is expected to do, and in what context. If there are numerous expectations and contexts, consider splitting the assessment into several assessments so that each expectation and context can be assessed, as appropriate.

Appendix 2 – Recommendations for How to Write a Likert Scale Description for an Assessment Question & Likert Scales in Entrada

1. Likert Scale descriptions (response text) provide the measure for an assessment question (item) by describing the degrees of possible accomplishment.

Example:

Medical Expert	Likert Scale					
	Rarely Meets	Inconsistently Meets	Generally Meets	Sometimes exceeds	Consistently exceeds	Not Applicable
Item Demonstrates an appropriate pediatric knowledge base	Unsatisfactory – Well Below Expected Level	Marginal – Additional Work Needed	Good – Performance at the Expected Level	Very Good – Area of Strength	Excellent – Exceptional Performance	Response Text

2. The response text in the Likert Scale should not introduce new information about the assessment; rather the descriptions extend how the verb in the assessment may have different degrees of accomplishment.
3. It is a best practice to keep the descriptions as concise as possible. At times, it may be necessary to offer a longer description of the behavior at each level of the scale; however, this should be an exception.

Here are some resources:

- <https://www.surveymonkey.com/mp/likert-scale/>
- <https://www.ualberta.ca/centre-for-teaching-and-learning/events/symposium-series/past-symposia/multifaceted-summative-evaluation-teaching/peer-review-of-teaching/appendices/appendix-g>

Likert Scales in Entrada

Default Likerts	
Test Likert A	<ol style="list-style-type: none"> 1. Unacceptable 2. Weak 3. Satisfactory 4. Very Good 5. Outstanding
Test Likert B	<ol style="list-style-type: none"> 1. Major lapses 2. Minor lapses 3. Satisfactory 4. Very good 5. Outstanding
Test Likert C	<ol style="list-style-type: none"> 1. Poor 2. Weak 3. Satisfactory 4. Very good 5. Outstanding
Manitoba ITAR Likert	<ol style="list-style-type: none"> 1. Major weaknesses 2. Minor weaknesses 3. Meets usual expectations 4. Meets all expectations 5. Exceeds expectations 6. Not Applicable
Clinical Supervision Likert	<ol style="list-style-type: none"> 1. Rarely Meets

	<ol style="list-style-type: none"> 2. Inconsistently Meets 3. Generally Meets 4. Sometimes exceeds 5. Consistently exceeds 6. Not Applicable
Global Summary Likert	<ol style="list-style-type: none"> 1. Well behind the expected trajectory requiring remediation/probation 2. Behind the expected trajectory, will require extension of training if not improved 3. Is meeting the expected trajectory of training 4. Is somewhat ahead of the expected trajectory 5. Is significantly ahead of the expected trajectory
Manitoba Event Likert	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 6. Not Applicable
MRA CanMeds	<ol style="list-style-type: none"> 1. Concerns 2. Satisfactory
Rotation Assessment	<ol style="list-style-type: none"> 1. Unsatisfactory 2. Poor 3. Good 4. Very Good 5. Superior 6. Not Applicable
4 Point Likert	<ol style="list-style-type: none"> 1. Fails to Meet 2. Meets – Partially 3. Meets – Fully 4. Exceeds
Event Likert	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree 5. Not Applicable
Preceptor Likert	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. Always 6. Don't Know
Rotation Likert A	<ol style="list-style-type: none"> 1. Never 2. Once per rotation 3. Occasionally – 2-4 times per rotation 4. Frequently – 5 or more times per rotation
Rotation Likert B	<ol style="list-style-type: none"> 1. Unsatisfactory 2. Weak 3. Good 4. Very Good 5. Superior
Presentation Likert	<ol style="list-style-type: none"> 1. 1 2. 2 3. 3 4. 4 5. 5

Global Assessment Likerts	
O-Score	<ol style="list-style-type: none"> 1. I had to do 2. I had to talk them through 3. I had to prompt them from time to time 4. I needed to be there just in case 5. I did not need to be there
Entrustment	<ol style="list-style-type: none"> 1. Observation only (no execution) 2. Direct, proactive supervision 3. Indirect, reactive supervision 4. Independent performance (with remote supervision) 5. Supervision of trainees
Queen's Developmental Score	<ol style="list-style-type: none"> 1. Very limited 2. Limited 3. Emerging 4. Developing 5. Achieving 6. Established
Queen's Family Medicine (Field Note)	<ol style="list-style-type: none"> 1. Flagged for review 2. Direct supervision 3. Supervision on demand 4. Supervision for refinement
Queen's Global Rating Scale	<ol style="list-style-type: none"> 1. Shows critical weaknesses 2. Needs attention 3. Is almost there 4. Achieves standard expected 5. Clearly exceeds standard

MS/EC Likerts	
Queen's Six Point	<ol style="list-style-type: none"> 1. Not observed 2. Very limited 3. Limited 4. Emerging 5. Developing 6. Achieving 7. Established
Queen's Five Point	<ol style="list-style-type: none"> 1. Not observed 2. Limited 3. Emerging 4. Developing 5. Achieving 6. Established
Queen's Rubric Version	<ol style="list-style-type: none"> 1. Not observed 2. Opportunities for growth 3. Borderline LOW 4. Developing 5. Borderline HIGH 6. Achieving (ready for independent practice)
Dreyfus Scale	<ol style="list-style-type: none"> 1. Not observed 2. Novice 3. Advanced Beginner 4. Competent 5. Proficient 6. Expert
O-Score	<ol style="list-style-type: none"> 1. Not observed 2. I had to do 3. I had to talk them through 4. I had to prompt them from time to time 5. I needed to be there just in case 6. I did not need to be there
Entrustment	<ol style="list-style-type: none"> 1. Not observed

	<ol style="list-style-type: none"> 2. Observation only (no execution) 3. Direct, proactive supervision 4. Indirect, reactive supervision 5. Independent performance (with remote supervision) 6. Supervision of trainees
Queen's Family Medicine (Field Note)	<ol style="list-style-type: none"> 1. Not observed 2. Flagged for review 3. Direct supervision 4. Supervision on demand 5. Supervision for refinement
Queen's DOPS	<ol style="list-style-type: none"> 1. Not observed 2. Accepted standards not yet met, frequent errors uncorrected 3. Some standards not yet met, aspects to be improved, some errors uncorrected 4. Competent and safe throughout procedure, no uncorrected errors 5. Highly skilled performance
Queen's 3 Point	<ol style="list-style-type: none"> 1. Not observed 2. Needs attention 3. Developing 4. Achieved
Queen's Entrustment Scale	<ol style="list-style-type: none"> 1. Not observed 2. Not yet 3. Almost 4. Yes

Appendix 3 - Standardized Assessment/Evaluation Forms

The PGME Assessment Committee has reviewed and approved the following standardized forms (attached). Programs are not to delete standardized questions.

- Educational Event Evaluation
- Rotation Evaluation
- Preceptor Evaluation
- Faculty Evaluation