

## Program Evaluation Subcommittee Terms of Reference General Psychiatry Residency Program

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### **Mandate**

Program evaluation is a key part of maintaining and fostering a high quality of education in postgraduate medical education. Broadly speaking program evaluation involves “...using data to (1) determine the overall value or worth of an education program (summative judgements of a program) or (2) plan program improvement (formative improvements to a program, project, or activity). Regardless of orientation, program evaluation can enhance the quality of GME [graduate medical education] and may ultimately improve accountability to the public through better quality of care.” (Balmer, Riddle & Simpson, 2020)

Systematic program evaluation is also required as per RCPSC Psychiatry Standards of Accreditation. Specifically, residency programs must meet the requirements outlined in Standard 9. Details of Standard 9 can be found in Appendix 1.

The work done by the Program Evaluation Subcommittee will also be guided by the General Psychiatry Residency Program’s Logic Model which can be found in Appendix 2.

### **Membership**

Program Director and Associate Program Director (Co-Chairs)

Assistant Program Director, Curriculum & Assessment

Director, Educational Program Evaluation and Scholarship, Department of Psychiatry

Postgraduate Education (PG) Site Director

Faculty Member – Clinician Teacher involved in Residency Program QI activities

FOD Resident Representative (2-year term)

COD/TTP Resident Representative (2-year term)

Program Officer, General Psychiatry Residency Program

Guests may be invited to contribute to the subcommittee with input from members and at the discretion of the Chairs.

### **Terms**

All faculty members are ex-officio with their term on the subcommittee aligned with their role. Resident members have a 2-year term.

### **Reporting**

The Program Evaluation Subcommittee reports to the Program Director and Psychiatry Residency Program Committee (PRPC).

### **Meetings**

The Subcommittee will meet 2-3 times per year and at the call of the Chair.

### **Decision Making**

Decisions will be made by consensus. It is desirable that decisions are acceptable to all members therefore discussion should continue until a consensus is reached.

### **Responsibilities**

- Assist the Program Director in setting priorities for program evaluation in the general psychiatry residency program. These priorities are reviewed annually.
- Systematically review a variety of sources of data to iteratively improve the residency program. Where data is lacking, the subcommittee will provide guidance on content and method of data collection (e.g. surveys, focus groups, interviews etc.).
- Based on the data reviewed, identify areas of strength and areas for improvement for the residency program.
- Create action plans based on identified areas for improvement, advise on an implementation strategy, and assess the impact of actions taken to address areas for improvement.
- Contribute to an annual program evaluation report and advise the Program Director on a timely and effective communication strategy to key stakeholders in the residency program.

### **References**

Balmer, D. F., Riddle, J. M., & Simpson, D. (2020). Program Evaluation: Getting Started and Standards. *Journal of Graduate Medical Education*, 12(3), 345–346. <https://doi.org/10.4300/JGME-D-20-00265.1>

**Prepared by:** Program Director in consultation with Director, Educational Program Evaluation & Scholarship, Associate Program Director and Vice Chair, Education, Department of Psychiatry

**Approved at PRPC:** October 6, 2025

**Next review:** 2028-29

### **Appendix 1**

**Standard 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice**

**Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.**

**Requirement 9.1.1: There is a systematic process to regularly review and improve the residency program.**

- Indicator 9.1.1.1: There is an evaluation of each of the residency program's educational experiences, including the review of related competencies and/or objectives.

- Indicator 9.1.1.2: There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.
- Indicator 9.1.1.3: Residents' achievements of competencies and/or objectives are reviewed.
- Indicator 9.1.1.4: The resources available to the residency program are reviewed.
- Indicator 9.1.1.5: Residents' assessment data are reviewed.
- Indicator 9.1.1.6: The feedback provided to teachers in the residency program is reviewed.
- Indicator 9.1.1.7: The residency program's leadership at the various learning sites is assessed.
- Indicator 9.1.1.8: The residency program's policies and processes for residency education are reviewed.

**Requirement 9.1.2: A range of data and information is reviewed to inform the evaluation and improvement of all aspects of the residency program.**

- Indicator 9.1.2.1: Information from multiple sources, including feedback from residents, teachers, administrative personnel, and others as appropriate, is regularly reviewed.
- Indicator 9.1.2.2: Information identified by the postgraduate office's internal review process and any data centrally collected by the postgraduate office are accessed.
- Indicator 9.1.2.3: Mechanisms for feedback take place in an open collegial atmosphere.
- Indicator 9.1.2.4 [Exemplary]: A resident e-portfolio (or an equivalent tool) is used to support the review of the residency program and its continuous improvement.
  - Indicator 9.1.2.5 [Exemplary]: Education and practice innovations in the discipline in Canada and abroad are reviewed.
  - Indicator 9.1.2.6 [Exemplary]: Patient feedback to improve the residency program is regularly collected/accessible.
  - Indicator 9.1.2.7 [Exemplary]: Feedback from recent graduates is regularly collected/accessible to improve the residency program.

**Requirement 9.1.3: Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.**

- Indicator 9.1.3.1: Areas for improvement are used to develop and implement relevant and timely action plans.
- Indicator 9.1.3.2: The program director and residency program committee share the identified strengths and areas for improvement (including associated action plans) with residents, teachers, administrative personnel, and others as appropriate, in a timely manner.
- Indicator 9.1.3.3: There is a clear and well-documented process to evaluate the effectiveness of actions taken and to take further action as required

## Appendix 2

### Co-Creating a Logic Model for Program Evaluation of General Residency Psychiatry Program with Resident, Faculty, Program, and Hospital Site Representatives

Department of Psychiatry  
University of Toronto

September 17, 2021  
[October 28, 2021 \(Updated / Shared with Education Council\)](#)

**Presenters:**

Adrienne Tan, Associate Professor, Program Director, Postgraduate Education  
Certina Ho, Assistant Professor, Director, Educational Program Evaluation & Scholarship

**Facilitators:**

Deanna Chaukos, Assistant Professor, Associate Program Director, Postgraduate Education  
Inbal Gafni, Assistant Professor, Assistant Program Director, Curriculum and Assessment, General Psychiatry Residency Program  
Petal Abdool, Assistant Professor, IMG Director, Department of Psychiatry

**Acknowledgements:**

General Psychiatry Residency Program Retreat Participants  
Michael John Hernandez, Postgraduate Education Administrator

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## **Abstract**

### **Background**

Program evaluation is an essential component to provide evidence to prove and improve a program's quality and effectiveness. The recent implementation of Competency-Based Medical Education (CBME) to Canadian residency programs has presented new opportunities and challenges to residents, faculty, residency programs, and hospital sites.

The Department of Psychiatry planned a half-day online retreat for the General Psychiatry Residency Program, with a focus on program evaluation. The didactic portion of the retreat provided an overview of the purpose of program evaluation and the use of a logic model to guide program evaluation of the General Psychiatry Residency Program.

### **Objective**

To co-create a feasible and sustainable framework (i.e., a Logic Model) for program evaluation of General Psychiatry Residency Program with resident, faculty, program, and hospital site representatives.

### **Methods**

Four breakout groups were arranged (via Zoom) during the online retreat, representing the four core types of stakeholders/parties of the General Psychiatry Residency Program, including: (1) residents; (2) faculty; (3) program; and (4) hospital sites. Each breakout group was led by a facilitator who was involved in administration of the General Residency Psychiatry Program. Insights and feedback from retreat participants regarding the “input”, “activities”, “outputs”, and “outcomes” components of the Logic Model (that were proposed by the retreat organizing committee), in addition to external factors and unintended outcomes of the General Residency Psychiatry Program were discussed and collected. A debrief and large group discussion took place after the breakout group session.

### **Results**

A logic model was developed with key stakeholders to set priorities and guide program evaluation of the General Psychiatry Residency Program. We refer to this framework to (1) monitor actions and activities for achieving desired residency program outcomes; (2) collect and analyze data to prove and improve our program on an ongoing basis; and (3) document and reflect on short-term (e.g., program-related) and long-term (e.g., system-wide) accomplishments or changes as a result of the residency program. We also take into considerations of external factors and unintended outcomes of the General Psychiatry Residency Program while ensuring feasibility and sustainability of the evaluation efforts.

### **Conclusion**

We hope that by gathering insights and suggestions from the retreat participants, the Department of Psychiatry can improve the delivery and ongoing program evaluation of the General Psychiatry Residency Program.

## Logic Model: Background Information

### Program

Department of Psychiatry General Psychiatry Residency Program

### Purpose:

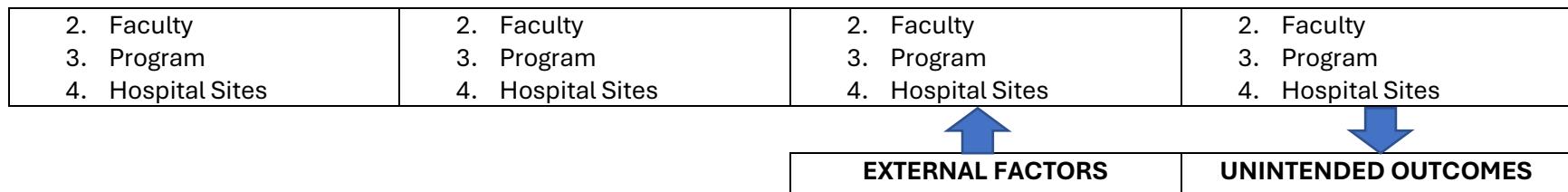
To ensure psychiatry residents are well prepared and competent to provide safe and quality mental health care to patients and society in a rapidly changing healthcare and practice environment.<sup>1,2</sup>

<sup>1</sup> Royal College of Physicians and Surgeons of Canada. *Objectives of Training in the Specialty of Psychiatry. Version 2.0*. 2015.

<sup>2</sup> ten Cate O, Snell L, Carraccio C. *Medical competence: the interplay between individual ability and the health care environment*. *Med Teach* 2010;32(8):669-75.

### Logic Model Components

PROCESS EVALUATION		OUTCOME EVALUATION	
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Resources* that are available or required to implement our General Residency Psychiatry Program  Consider internal & external resources (i.e., within & outside our Department)	Actions or activities* undertaken to achieve desired outcomes of our General Residency Psychiatry Program  Consider actions or activities that are critical & unique to our program	Immediate results of actions or activities (with evidence or indicators or proofs that the actions or activities are undertaken)  Consider products (e.g., reports, recommendations, committee or taskforce or working group terms of reference, meeting minutes, policy & procedure, etc.) or behaviours as a result of our program	Desired or anticipated accomplishments or changes as a result of our General Residency Psychiatry Program  Consider short-term (e.g., program-related) and long-term (e.g., system-wide) outcomes as a result of our program
* Equitable, diverse, and inclusive	* Equitable, diverse, and inclusive		
STAKEHOLDERS	STAKEHOLDERS	STAKEHOLDERS	STAKEHOLDERS
1. Residents	1. Residents	1. Residents	1. Residents



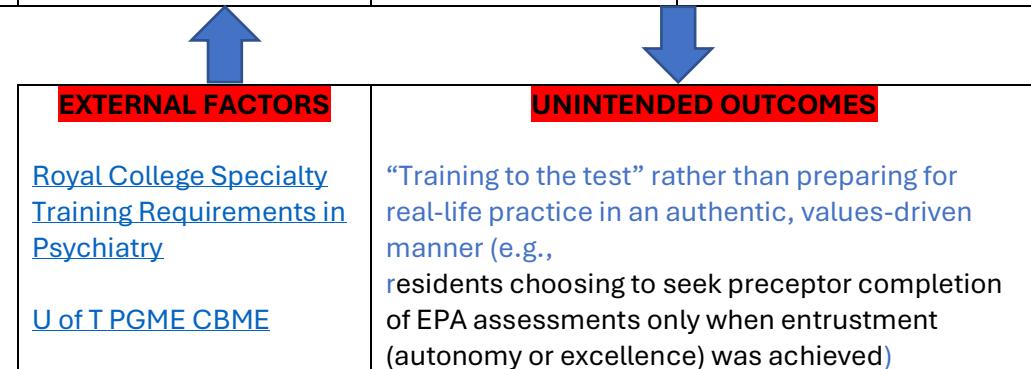
Logic Model: Draft for Discussion

PROCESS EVALUATION		OUTCOME EVALUATION		
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			SHORT-TERM	LONG-TERM
<b>Group 1: RESIDENTS</b>	<b>RESIDENTS</b>	<b>RESIDENTS</b>	<b>RESIDENTS</b>	<b>RESIDENTS</b>
Recruitment of residents  Admission of residents  Development of Wellness Subcommittee (as part of PRPC)	Orientation (Springboard)  Core curriculum  Academic half-days  PRAT  Wellness needs assessment	PCS reports (EPAs, Grand Rounds Evaluations, ITARs/ITERs, Practice / General / Exit STACERS, COPE Exam Results) (# of residents progressing as expected)  RASC reports (# of residents referred to BOE)  Resident self-reflections  PRAT TOR & minutes  Wellness strategy (aligned with the APA Wellbeing Ambassador Framework)	Resident perceived confidence in transition to practice (aka readiness to practice)  Resident-perceived sense of wellbeing	Residents/graduates engaged in life-long learning and continuing professional and practice development (CPPD)  Residents/graduates engaged in innovative practices <sup>+</sup> in mental health care  <sup>+</sup> E.g., advocacy/equity work, aiming for system change and greater collaboration
<b>Group 2: FACULTY</b>	<b>FACULTY</b>	<b>FACULTY</b>	<b>FACULTY</b>	<b>FACULTY</b>
Recruitment of preceptors, supervisors, coaches  Faculty development	Faculty orientation Promotions Primer Mentorship program	# of new preceptors, supervisors, coaches recruited	Faculty perceived career development / satisfaction as	Faculty promotion and tenure

PROCESS EVALUATION		OUTCOME EVALUATION		
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			SHORT-TERM	LONG-TERM
	<p><a href="#">CFD Workshops: Customized Series for Psychiatry</a></p> <p>Recruitment of residents</p> <p>Orientation (Ground School)</p> <p>Core curriculum (teach, precept, supervise, coach)</p> <p>Academic half-days (teach, precept, supervise, coach)</p>	<p># of faculty participated in: Faculty orientation Promotions Primer Mentorship program <a href="#">CFD Workshops: Customized Series for Psychiatry</a></p> <p>CaRMS participation (# of faculty members as interviewers or program ambassadors)</p> <p>Assessment of residents</p> <p>Evaluation of curriculum</p> <p>Evaluation of hospital sites</p> <p>TES</p>	<p>preceptors, supervisors, coaches</p>	<p>Faculty recruitment &amp; retention</p> <p>Faculty recognized (internally or externally) for excellence and innovation in teaching, research, education scholarship, quality improvement or CPA</p>
<p><b>Group 3: PROGRAM</b></p> <p><a href="#">U of T Psychiatry Residency Curriculum</a></p> <ul style="list-style-type: none"> <li>Consider a focus on rotation structure and sequence</li> </ul>	<p><b>PROGRAM</b></p> <p><a href="#">CaRMS</a></p>	<p><b>PROGRAM</b></p> <p># of applicants # of interviews # of residents ranked # of residents admitted</p>	<p><b>PROGRAM</b></p> <p>% residents matched % residents transitioned to practice</p>	<p><b>PROGRAM</b></p> <p>Scholarly productivity of residents/graduates in Clinician Scientist Program &amp; Clinician Scholar Program</p>

PROCESS EVALUATION		OUTCOME EVALUATION		
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			SHORT-TERM	LONG-TERM
<u>Department of Psychiatry</u> <u>CBD Resources</u> <ul style="list-style-type: none"><li>Consider CBD resources as per Psychiatry Competence Subcommittee (PCS)</li></ul>	Clinician Scientist Program: orientation; resources & support  Clinician Scholar Program: orientation; resources & support  Subspecialty Programs: orientation; resources & support  Special resident pools within program (e.g., IMGs, VISA IMGs, transfer, re-entry residents): orientation; resources & support  Royal College exam	# of residents admitted to Clinician Scientist Program  # of residents admitted to Clinician Scholar Program  # of residents admitted to Subspecialty Programs  # of residents admitted to special resident pools within program (e.g., IMGs, VISA IMGs, transfer, re-entry residents)  Passing rate of Royal College exam	% residents transitioned to further training (e.g. fellowships)  % residents graduated from Clinician Scientist Program & Clinician Scholar Program  % residents graduated from Subspecialty Residency Programs  % residents graduated from special resident pools within program (e.g., IMGs, VISA IMGs, transfer, re-entry residents)  % residents graduated from General Residency Program	% of General psychiatrists in Canada trained at U of T  % Child and Adolescent psychiatrists in Canada trained at U of T  % Forensic psychiatrists in Canada trained at U of T  % Geriatric psychiatrists in Canada trained at U of T  % IMG / VISA IMG psychiatrists in Canada trained at U of T
Clinician Scientist Program				
Clinician Scholar Program				
Subspecialty Programs				
Special resident pools within program (e.g., IMGs, VISA IMGs, transfer, re-entry residents)				

PROCESS EVALUATION		OUTCOME EVALUATION		
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			SHORT-TERM	LONG-TERM
<b>Group 4: HOSPITAL SITES</b>	<b>HOSPITAL SITES</b>	<b>HOSPITAL SITES</b>	<b>HOSPITAL SITES</b>	<b>HOSPITAL SITES</b>
Hospital CBD resources	Resident rotation schedule	# of hospital sites # of residency rotations	Safe and effective clinical practice environment for residency training	Hospital site recruitment & retention
Clinical space and time		RES		Residency (new) rotations recruitment & retention
Administrative staff support	Site-specific orientation	# of site surveys completed (every 6 months)		Hospital sites recognized (internally or externally) for excellence and innovation in teaching, research, education scholarship, quality improvement or CPA
<b>Hospital leadership support</b>		Safety Subcommittee reports (Safety Checklist & Safety Site Visit Template developed by the RSS)		
Interprofessional healthcare team	Proactive site safety reviews & retrospective reviews of critical safety incidents			
Patients, family, caregivers				
Resident lunches or benefits				



PROCESS EVALUATION		OUTCOME EVALUATION		
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			SHORT-TERM	LONG-TERM
		<p>COVID-19 pandemic (public health protocols and considerations)</p> <p>Changes in practice (e.g., virtual care expansion, more consultation-based, more community engagement expected)</p> <p>Social and structural determinants of health</p> <p>Interactions between/among hospital sites, universities, and Professional Association of Residents of Ontario (PARO)</p>		

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