
Teacher Tip Sheets – Best Practices for Completing an In-Training Assessment Report (ITAR)

Information that assessors should include when completing an ITAR:

- Your observations of resident to inform assessment of key objectives of the rotation (see Rotation Plan Booklet - <https://psychiatry.utoronto.ca/current-academic-year-documents>)
- Multisource feedback from other team members who worked with and/or directly observed the resident, including other MDs, allied health, and administrative staff

Best Practices for Mid- and End-of-Rotation Feedback:

- All primary supervisors should meet with residents for a **feedback session** at:
 - the **beginning** of a rotation to review rotation key objectives and complete the residency program’s Rotation Plan and Safety Review Form
 - **mid-rotation** to highlight areas of strength and areas for improvement
 - **end of rotation** for both summative feedback about performance on the rotation and formative feedback to inform future rotations
- Residents in difficulty
 - Residents should receive clear and direct feedback as soon as possible about areas for improvement and collaboratively develop a learning plan with the supervisor, in consultation with the PG Site Director as needed
 - Supervisors should complete a mid-rotation ITAR in POWER, in addition to the mid-rotation feedback session
- If a resident is at risk for failing a rotation, please consult the PG Site Director as soon as possible
- End-of-rotation ITARs should include descriptive qualitative comments:
 - Focus on behaviors rather than traits: i.e. “Dr X effectively collaborated with diverse members of the team consistently throughout their rotation” versus “Dr X is an excellent team player.”
 - Include any feedback meaningfully incorporated by the resident (or left unaddressed) during their rotation.
 - Some supervisors find it difficult to describe professionalism competencies – see the FAQ for more information.

Frequently Asked Questions (FAQs)

- What are ITARs?
 - In-training Assessment Reports are the end-of-rotation **summative** assessments for residents in postgraduate programs at Temerty Faculty of Medicine that have started their CBD Curriculum.

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- ITARs describe **8-10 primary competencies** for a given rotation, usually focusing on 2-3 CanMEDS roles. Primary competences are assessed on a 5 point Likert scale.
 - What is the Learner Handover section?
 - In addition to the primary competencies for a rotation, every rotation has a Learner Handover, which assesses competencies under ALL CanMEDS roles. The Learner Handover is a “YES/NO” scale. If a resident is not meeting expectations on all areas of the learner handover, this will be flagged to the PD for ensuring appropriate follow up and action.
 - How is the Global rating on an ITAR interpreted?
 - A pass for the rotation is a 3. Scores of 1 or 2 or “N/A” will be flagged to the Program Director. Residents who fail rotations may be referred to the Resident Assessment and Support Sub-Committee (RASC) for enhanced support plans.
 - Why is the comments section important to complete?
 - Qualitative or narrative feedback on ITARs is often noted as the most important part of the assessment tool. Please include specific observations of resident performance on essential competencies.
 - How do I document concerns about CanMEDS professional role competencies?
 - Certain ITARs will include the pilot professional behaviors assessment tool: PGY2 Inpatient and PGY4 CL Psychiatry Rotation. For these rotations, there will be specific professionalism competency domains to assess (Likert scale 1-5 as well as written feedback)
 - In the Psychiatry residency, we have defined the following competency domains for professional behaviors: reliability and responsibility, self-improvement and adaptability, relationships within professional settings, upholding professional codes of conduct. These competency domains align with Temerty Medicine MD program professionalism assessment and specific competencies have been adapted within the psychiatry context.
 - What do I do if the resident was absent for most of the rotation, and I am unable to assess them?
 - Please consult your local PG Site Director for further guidance.
 - What if I am supervising psychotherapy and the resident started late in the term? Should I still complete an ITAR?
 - Please consult your local Psychotherapy Site Coordinator and/or PG Site Director for further guidance.
 - In general, an ITAR must be completed at least every 6 months longitudinal rotations.