

# Practical Guides to Resident Assessment

## An introduction for residents and preceptors

### PURPOSE

These practical guides explain the required assessment tools residents and preceptors use most often: why each tool is used, what each person does, when it should be completed, and how its information contributes to the resident's longitudinal record.

## Resident assessment is a system

No single observation, form, preceptor, or clinical experience tells the whole story. The program brings together information from multiple assessors, settings, activities, and points in time to support learning and make fair decisions about progression and completion.

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| <b>1 SET DIRECTION</b><br>Mandatory Goal Setting Form makes learning priorities visible at the outset. | <b>2 OBSERVE AND COACH</b><br>Coaching Notes and Video Review capture observation, reflection, feedback, and next steps. | <b>3 SUMMARIZE</b><br>Mid-point and end of rotation ITARs bring assessment information together from an educational experience, using Program Benchmarks to interpret performance against an expected developmental trajectory. | <b>4 REVIEW OVER TIME</b><br>The Site-Level Competency Committee considers patterns of performance across assessment tools, clinical contexts, assessors, and time. During the periodic review, residents can reflect on those patterns and discuss their learning goals with their Site Director. |
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## The four practical guides

| GUIDE                              | WHEN                        | CENTRAL QUESTION                                                                                   |
|------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------|
| <b>Mandatory Goal Setting Form</b> | At the outset of a rotation | What am I working toward, and what opportunities might support it?                                 |
| <b>Coaching Notes</b>              | During clinical work        | What was observed, what coaching followed, and what is worth trying next?                          |
| <b>Video Review</b>                | At required points          | What can we learn by reviewing the clinical interaction through direct observation and reflection? |
| <b>ITARs</b>                       | Mid-point and end rotation  | What strengths, learning needs, and developmental pattern emerged across this experience?          |

## Shared responsibilities

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               |
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| <b>RESIDENTS</b> <ul style="list-style-type: none"> <li>make learning goals visible and discuss expectations</li> <li>seek, review, and respond to feedback</li> <li>look for patterns in strengths, needs, and progress over time</li> </ul> | <b>PRECEPTORS</b> <ul style="list-style-type: none"> <li>respond to goals when relevant opportunities arise</li> <li>observe, coach, and document specific, useful information</li> <li>identify concerns early and interpret performance for the resident's stage</li> </ul> |
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# Using the Mandatory Goal Setting Form

## A practical guide for residents and preceptors

### PURPOSE

To make the resident's learning goals visible at the outset of the learning experience. The form supports early discussion of learning priorities and helps create a shared understanding of what the resident hopes to work on.

#### RESIDENT-LED

The resident identifies and records their learning goals.

#### DISCUSSION-BASED

The resident and preceptor discuss goals and expectations early.

#### DEVELOPMENTAL

The form supports learning; it is not an assessment of the resident's performance.

## For Residents

### What am I expected to do?

- Identify a reasonable number of learning goals based on the duration and nature of the learning experience.
- Discuss your learning plan with your preceptor, rotation coordinator, or faculty coach near the beginning of the experience.
- Enter your goals into the Goal Setting Form in One45.
- Share your goals with other preceptors involved in your learning experience, where relevant.

### Where can my goals come from?

- Your own learning priorities
- Outstanding goals identified through a Periodic Review or previous learning plan
- Curriculum objectives or Priority Topics
- Previous feedback or assessment information
- Goals or expectations discussed with your preceptor or rotation coordinator

### What makes a useful learning goal?

A useful goal describes something you want to learn, practice, strengthen, or receive feedback about during the experience.

#### BROAD

Improve my management of patients with diabetes.

#### MORE USEFUL

During this rotation, I would like to improve my ability to adjust diabetes medications for patients who are not meeting their glycemic targets and discuss my management decisions with my preceptor.

## For Preceptors

### What am I expected to do?

Where relevant, use the resident's goals to:

- identify appropriate clinical or learning opportunities;
- guide observation of the resident's work;
- focus coaching conversations;
- provide targeted feedback; and
- revisit learning priorities during the experience.

The goals may also help you understand what the resident is intentionally working toward when interpreting their performance and providing feedback.

## How the Form Contributes to the Assessment System

**The Mandatory Goal Setting Form identifies the resident's learning priorities at the outset, providing context for the learning and assessment information that follows.**

It allows residents and preceptors to identify learning priorities before or near the beginning of an experience, while most assessment information is generated later through observation, coaching, feedback, and reflection.

| 1 SET INTENT                                           | 2 LEARN & OBSERVE                                                      | 3 INTERPRET IN CONTEXT                                                                         |
|--------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Resident identifies learning priorities at the outset. | Preceptors create opportunities, observe, coach, and provide feedback. | Subsequent assessment information can be understood in light of the resident's learning focus. |

### What context can the goals provide?

- What the resident was intentionally working on
- Whether particular opportunities for observation or coaching were sought
- How feedback relates to previously identified learning needs
- How the resident's learning priorities develop over time

## A Simple Way to Think About the Form

|                   |                                                                                                                            |
|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| RESIDENT          | What am I hoping to work on during this experience?                                                                        |
| PRECEPTOR         | Now that I know what the resident is working on, where can I create opportunities to observe, coach, and provide feedback? |
| ASSESSMENT SYSTEM | When opportunities arise, how was the identified learning need addressed through observation, coaching, or feedback?       |

## When Should the Form Be Used?

**The Mandatory Goal Setting Form should be completed near the beginning of the learning experience.**

The number and scope of goals should be proportionate to the duration and context of the experience. A short learning experience may require only one or two focused goals, whereas a longer rotation may support several goals.

Goals can be revisited or refined as the experience progresses.

# Using Coaching Notes

## A practical guide for residents and preceptors

### PURPOSE

Coaching Notes capture brief, specific feedback from clinical work. They support the resident's next steps in learning and, together over time, add assessment information to the longitudinal assessment record.

### ENCOUNTER FOCUSED

Usually one encounter, task, presentation, procedure, or chart review.

### COACHING BASED

Records what was observed, discussed, and useful to try next.

### LONGITUDINAL

Multiple notes across contexts and assessors help show development.

## For Residents

### What am I expected to do?

- Seek feedback on clinical work and discuss what you learned and what you will try next.
- You may initiate a Coaching Note in One45 and add an assessment cue describing the encounter or the feedback you requested. Your preceptor completes or confirms the Coaching Note.
- Review Coaching Notes for patterns in strengths and learning needs; follow up on earlier goals when opportunities arise.

### What can a Coaching Note be about?

A Coaching Note can focus on part of a patient interaction or another credible source of information, such as a case presentation, chart review, team feedback, or patient feedback. The source of the observation should be clear.

## For Preceptors

### What am I expected to do?

- Offer timely verbal coaching and record a concise note tied to a specific activity. Preceptor-initiated notes are preferred; you can also complete a resident-initiated note.
- Describe the observation, why it mattered in that context, and a practical next step. Include strengths as well as areas for improvement.
- Complete or confirm the Coaching Note so the feedback is fair, accurate, and useful. Other observers may contribute information, while the preceptor remains responsible for the final note.

The program encourages approximately one Coaching Note each week where feasible. Add notes when a particular skill needs follow up or a significant strength or concern is observed.

## Writing a Useful Coaching Note

A Coaching Note documents coaching after a specific clinical activity. Direct observation is ideal, but watching the entire encounter is not required. Identify the information source when feedback comes from a presentation, chart, patient, or team member.

|             |                                                                                                                                                           |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| GENERAL     | Needs to improve communication.                                                                                                                           |
| MORE USEFUL | In today's family meeting, you checked understanding before presenting options. Next time, pause after each option and invite questions before moving on. |

## How Coaching Notes Contribute to the Assessment System

**Each note captures a small piece of workplace performance and the coaching that followed.**

Across different activities, settings, and assessors, notes can show strengths, recurring needs, and responses to feedback. Preceptors use patterns in completed notes to inform rotation ITARs; Periodic Reviews and Site Level Competency Committees consider them alongside other assessment information when reviewing progress. A single note is not a stand-alone decision about competence.

|                                                                                 |                                                                        |                                                                                      |
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| <b>1 OBSERVE</b><br>Identify a specific activity and the source of information. | <b>2 COACH</b><br>Discuss what went well and one actionable next step. | <b>3 REVIEW OVER TIME</b><br>Use multiple notes with other evidence to see patterns. |
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## A Simple Way to Think About the Coaching Note

|                   |                                                         |
|-------------------|---------------------------------------------------------|
| RESIDENT          | What did I learn, and what will I try next?             |
| PRECEPTOR         | What did I observe, what coaching did I offer, and why? |
| ASSESSMENT SYSTEM | What patterns emerge across observations over time?     |

## When and How Should Coaching Notes Be Used?

Complete Coaching Notes as soon as practical after the clinical activity and coaching conversation. The scale describes the amount of coaching needed to complete that activity safely in that context and at that point in training; it does not label the resident overall.

# Using Video Review

## A practical guide for residents and preceptors

### PURPOSE

To help residents see and hear themselves in a clinical encounter, reflect on the interaction, and identify learning goals for future encounters.

### REFLECTIVE

The resident first examines their own experience and what they notice in the recording.

### STRENGTHS-BASED

The review begins with what is working well and uses curiosity rather than a search for mistakes.

### DEVELOPMENTAL

The review supports learning through observation, discussion, feedback, and a next step.

## For Residents

### Before the Review

1. Talk with your preceptor in advance about identifying a patient who may be comfortable participating in a video-recorded encounter.
2. Decide whether there is a particular aspect of your clinical interaction that you would like to explore.
3. Check that the recording equipment works and is positioned appropriately before the patient arrives.
4. Make sure you know how the encounter will be recorded, stored, viewed, and deleted.
5. Review the consent process with the patient. Confirm that participation is voluntary and that choosing not to participate will not affect their care.
6. Guide the patient through the Video Review Patient Consent form and have them sign it before and after the recording.

### During the Review

Pause at moments that invite reflection and discussion. Begin with what you notice before receiving feedback.

### Four Reflective Lenses

#### SELF AWARENESS

What do I notice about how I am showing up? Does the recording match how I remember experiencing the encounter?

#### SELF MANAGEMENT

Did I change my approach? What led me to adjust, and was the adjustment deliberate or instinctive?

#### SOCIAL AWARENESS

What do I notice about the patient's verbal and non-verbal responses, priorities, and emotional cues?

#### RELATIONSHIP MANAGEMENT

Did something I noticed in the patient change my approach? What did I do, and how did the patient respond?

## After the Review

Ask yourself:

- What did I notice myself doing well?
- Is there anything I would do differently next time?

Then identify one thing to continue, one thing to experiment with, and one goal for a future encounter.

## For Preceptors

### Before the Review

- Help the resident identify a patient who may be open to supporting resident learning.
- Establish the review as a strengths-based, reflective exercise rather than a search for mistakes.
- Ask what the resident would like to explore before viewing the recording.
- Create emotional safety and approach concerns with curiosity. Residents can feel particularly vulnerable while watching themselves.
- Consider being present during the first recording to support the resident and patient and to respond to questions.
- Consider retaining a copy of the patient consent for the medical record.

### During and After the Review

- Use reflective prompts before providing feedback.
- Help the resident connect their internal experience, outward presentation, and the patient's response.
- Document key feedback and learning goals.

## What Can the Review Focus On

Video review may draw attention to any part of the clinical interaction. Common areas of observation include:

|                                                                                                     |                                                                                                   |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>PATIENT CENTRED CARE</b><br>Engagement, FIFE, shared understanding, and collaborative management | <b>COMMUNICATION</b><br>Verbal and non-verbal communication, listening, and responding to emotion |
| <b>CLINICAL REASONING</b><br>Selectivity and how information is gathered and interpreted            | <b>ENCOUNTER MANAGEMENT</b><br>Flow, transitions, agenda setting, and time management             |

*The four reflective lenses above, adapted from Koehler et al. (2023), can be used alongside these areas or with another approach that fits the resident's learning needs.*

## How Video Review Contributes to the Assessment System

**Video review combines direct observation with resident reflection, preceptor feedback, and a documented next step.**

It contributes a focused view of the resident's clinical interaction and helps connect what was observed with the resident's learning goals. Key feedback and goals become part of the longitudinal assessment record when documented.

|                                                                                    |                                                                                                              |                                                                                               |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>1 OBSERVE</b><br>Resident and preceptor review a recorded clinical interaction. | <b>2 REFLECT AND COACH</b><br>The resident reflects first; the preceptor uses prompts and provides feedback. | <b>3 DOCUMENT A NEXT STEP</b><br>Key learning and a goal for a future encounter are recorded. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

## A Simple Way to Think About Video Review

|                   |                                                                                                                                                                                                                                                                                                               |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESIDENT          | What do I notice about myself, the patient, and the interaction?                                                                                                                                                                                                                                              |
| PRECEPTOR         | What reflective prompts and feedback will help the resident understand the encounter?                                                                                                                                                                                                                         |
| ASSESSMENT SYSTEM | Video Review contributes an additional modality of assessment information through direct observation, guided reflection, feedback, and identification of a next learning step. This information complements other evidence gathered across multiple observations, assessors, contexts, and methods over time. |

## When Should Video Review Be Used

**Residents complete three video reviews in R1 and two video reviews in R2.**

Depending on local context and available resources, a video review may involve a patient encounter, a standardized patient, or a consenting volunteer. It may be facilitated individually or in a group setting.

**Everyone being recorded must provide informed consent before and after the recording, and understand its intended audience, and its intended use. The recording must be stored, viewed, and deleted according to the agreed process.**

# Using In Training Assessment Reports

## A practical guide for residents and preceptors

### PURPOSE

ITARs summarize a resident's performance during a rotation against Program Benchmarks for their level of training. They support feedback and program decisions about progress and advancement.

The ITAR is part of the resident's permanent program record. A discussion early in the rotation, a mid-point check when indicated, and an end of rotation discussion make the written assessment more useful and less surprising.

### EVIDENCE INFORMED

Draw on direct observation, Coaching Notes, other observers, case reviews, and clinical documentation.

### DISCUSSION BASED

Discuss strengths, concerns, and next steps with the resident during the experience and when completing the ITAR.

### PROGRAM-WIDE

A concise narrative helps reviewers who have not worked with the resident understand the judgement and its basis.

## For Residents

### What am I expected to do?

- Arrange an early discussion with your preceptor about your goals and the rotation's expectations
- Prompt a mid-point conversation where one is required or useful.
- Discuss feedback during the rotation. At the end, review the assessment and identify what you will continue or work on next.
- If you disagree with an ITAR or believe information is missing, raise the specific concern promptly with the preceptor and your site or program leadership.

## For Preceptors

### What am I expected to do?

- Discuss learning goals near the start and give feedback during the rotation.
- Use a mid-point ITAR when required, and request one through the site administrator if progress is not on target.
- Gather information from multiple sources when available: direct observation; Coaching Notes; other preceptors and allied health colleagues; case discussions; or other clinical documentation. Indicate the sources on the form.
- Describe what the resident did, the context, and how it compares with the expectations for their stage using the Program Benchmarks. Include strengths, specific concerns, examples where possible, and an actionable next step.
- Discuss the assessment with the resident.

## Which ITAR to use and when

| FORM                        | USE                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mid-Point ITAR</b>       | If there are performance concerns, please complete a mid-point ITAR while there is at least 25% of the rotation remaining. It is imperative that these concerns are documented and communicated to both the program and resident in order to allow the resident time for response and improvement.                                                                                             |
| <b>End of rotation ITAR</b> | For a completed rotation, please provide a summative assessment of the resident's performance. Please use the Program Benchmarks to guide you in this process. The end of rotation form in One45 is distributed to the identified main preceptor or head evaluator, usually 1 to 2 weeks before the rotation ends. Aim to complete the end ITAR <b>within 2 weeks</b> after the rotation ends. |

## How ITARs Contribute to the Assessment System

The Site Level Competency Committee (SLCC) and program consider ITARs alongside evidence from other activities, assessors, and settings over time when reviewing overall progress.

|                                                                             |                                                                                                               |                                                                                                                     |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>1 GATHER</b><br>Collect observations and feedback across the experience. | <b>2 DISCUSS AND DOCUMENT</b><br>Discuss progress; record a clear, evidence-based mid-point or end judgement. | <b>3 REVIEW OVER TIME</b><br>Use ITARs with other information to interpret development and guide program decisions. |
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## Assessment Concerns and Appeals

Residents may appeal an end of rotation ITAR if performance concerns were not communicated until the end of the rotation, or if a significant delay in completing the ITAR affected the fairness of the assessment. Preceptors should discuss concerns as they arise and document them in a written mid-point ITAR while at least 25% of the rotation remains. This gives the resident time to respond and demonstrate improvement.

A successful appeal does not erase the preceptor's documented concerns. The responsible competency committee must still consider those concerns and how to support the resident in addressing them.

## A Simple Way to Think About ITARs

|                          |                                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RESIDENT</b>          | What strengths and learning needs are emerging across my rotations? How have I responded to feedback, and what should I work on next?                                                        |
| <b>PRECEPTOR</b>         | What did I observe or corroborate?<br>How does the resident's performance align with the Program Benchmarks for this stage, and what are the resident's strengths and areas for improvement? |
| <b>ASSESSMENT SYSTEM</b> | How does the resident's performance during this rotation fit with the broader pattern of assessment information over time?                                                                   |