

Guidelines for Transparent Resident Support General Psychiatry Residency Program

Background

The General Psychiatry Residency Program at the University of Toronto (UofT) aims to support residents in developing skills for lifelong learning, in addition to meeting Royal College of Physicians and Surgeons of Canada (RCPSC) requirements as part of Competence by Design (CBD). The Psychiatry Residency program's assessment strategy supports teachers and learners in creating safe spaces for optimal learning, productive struggle, and a growth mindset. As such, sharing of assessment data *for* learning is an essential component of residency training.

Recognizing the importance of recruiting teachers, especially primary supervisors, into resident's learning arcs, especially for residents requiring specific learning supports, here we articulate guidelines for sharing of resident assessment data for the purpose of supporting our residents in achieving RCPSC and UofT residency program requirements, as well as optimal learning to prepare them for future practice.

Sharing of such assessments should be guided by the following principles:

- Academic and Clinical Excellence
- Transparency with an articulated, principle-based approach via guidelines
- Confidentiality with assessment data shared on a need-to-know basis based on supporting residents' learning and development and supervisors' responsibilities in postgraduate education as articulated by the College of Physicians and Surgeons of Ontario, UofT Postgraduate Medical Education (Temerty Faculty of Medicine), and Royal College of Physicians and Surgeons Standards of Accreditation for Psychiatry programs
- Continuous improvement with iterative feedback from residents and supervisors to improve the residency program and any of its guidelines, assessment processes, and procedures

Assessment in Competence by Design (CBD)

CBD incorporates opportunities for frequent, low stakes formative assessments such as Entrustable Professional Activities (EPAs) and for summative assessments such as in-training assessments of residents (ITARs). All assessments are integrated and synthesized by the Psychiatry Competence Subcommittee (PCS) during bi-annual meetings. Holistic integration of assessment data provides residents with more valid and developmentally aligned feedback. Residents who are "not progressing as expected" are often referred to the Resident Assessment and Support Subcommittee (RASC) by the Program Director (PD) or PCS; the role of RASC is to provide recommendations to support residents in meeting their learning needs.

Process for sharing of assessment data

(In general residents will bring relevant assessment data to beginning of rotation meetings with their primary supervisors.)

1. PCS Report Review with Primary Supervisor

Residents and supervisors will review a resident's most recent PCS report together at the beginning of a rotation, ideally during the goals and objectives/safety discussion as part of orientation to a new rotation and setting learning goals. Residents can also share, or supervisors can request access to a resident's most recent rotation ITAR or any other ITARs during the current academic year in the service of supporting a resident's learning needs. Recent ITARs are incorporated into PCS reports; however given that PCS meets in the fall and spring of each academic year, some ITARs may not be incorporated into the most recent PCS report.

2. RASC Reports

Residents participating in active review by RASC should share the RASC report with their primary supervisor, given that learning plans require primary supervisor involvement and input. RASC report recommendations may also be shared with psychotherapy supervisors on a need-to-know basis, where enhanced learning plans involve psychotherapy training.

3. Psychotherapy Supervision

For psychotherapy, residents and supervisors are encouraged to review a resident's psychotherapy log at the beginning of a supervisory relationship, as a way of determining resident's goals and developmental arc with respect to psychotherapy requirements in residency. Similarly, ITARs can be shared by the resident or requested by the supervisor where helpful to support a resident's learning needs.

Supervisor Roles and Responsibilities

All supervisors should be aware of and will be expected to review and discuss assessment data at the beginning of core rotations to support all parties in creating specific and developmentally aligned learning goals on a rotation. These discussions are an important opportunity to co-create psychologically safe learning and work environments.

The program endeavours to minimize any unnecessary dissemination of resident assessment data; that is, data should only be shared on a "need to know" basis to support resident learning and development. Other relevant parties that may benefit from resident assessment data include and are not limited to:

- a) Direct supervisors
- b) Associate and/or Assistant Program Director(s)
- c) Resident Assessment and Support Subcommittee (RASC)
- d) Psychiatry Competence Subcommittee (PCS)
- e) Resident's CBD Coach
- f) PG Site Directors
- g) Office of Learner Affairs (for example, to support crafting of resident accommodations)

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