1. **OVERVIEW**

| **CBD Implementation Activity** | What is its **purpose**? | Who is it **developed for**? | How is it **distributed /** **accessed**? | **PGME Team** **PRIMARY:** Responsible for ensuring the completion of the CBD implementation activity **Resource/Support:** Consulted about and/or informed of the CBD implementation activity during its process of completion |
| --- | --- | --- | --- | --- |
| In-Training Assessment Report (ITAR) | To provide a summary of a resident’s performance and progress while on their rotation. * The ITARs should reflect the PGME [ITAR Guidelines](http://cbme.postmd.utoronto.ca/?ddownload=679) and be based on the assessment of clinical knowledge, judgement, and performance for the learner’s stage of training.
 | **Clinical sites** * Learners (to be assessed on)
* Faculty supervisor (to assess leaners on)
 | **As a resource*** PD/PA e-mail communications

**As an assessment**POWER | **PRIMARY**CBD Education Team **Resource/Support*** Educational Consultant
* Systems Team (POWER)
 |

**Notes**

1. This is 1 of 8 Implementation Activities are required for accreditation & CBD implementation.
2. While the Program Director (PD) may delegate to their Program Administrators or CBD leads, the PD is ultimately responsible for their development and satisfactory completion.
3. PGME staff will provide templates, support & ensure appropriate resource documents (e.g. Royal College specialty documents) are reflected
4. These documents must be updated each year you implement new components of CBD (stages, Entrustable Professional Activities (EPAs), Training Experiences (TEs), etc.) and/or make significant changes to your curriculum or program of assessment
5. **TEMPLATE**

Insert program name and the year for this rotation plan

**In-training Assessment Report (ITAR) for Department of [Department Name]**

**Program Name ITAR for [Rotation Name], PGY[YEAR] CBD [Stage(s)]**

*<<Select which assessments were to be completed in this rotation; add any that are missing>>*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The appropriate assessments were completed during this rotation(e.g. <<EPAs, procedure logs, chart documentation assessment, MSF, rounds>> assessment) | **Yes** | **No** | **In Progress** | **Not Applicable** |

***Please review the Rotation Plan and HINTS before completing the form. These can be found by clicking the links below:***

*Link to Hints for completing an ITAR*

*Link to rotation plan*

*<<Choose one set of descriptors from the end of this template. That set of descriptors will then be used for all the ITERs/ITARs for the Program>>*

**Please Note: *3 or higher*** is a pass.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Label** |  | **Label** |  | **Label** |  |
| **Descriptor** |  | **Descriptor** |  | **Descriptor** |  |

<<Insert the goals from Rotation Plan as those are what will be assessed on this rotation>>

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IN THIS PROGRAM NAME–ROTATION NAME ROTATION KEY OBJECTIVES** | **1** | **2** | **3** | **4** | **5** | **N/A** |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |

| **PROGRESS IN TRAINING – Learner handover**Consider this section a review of the CanMEDS competencies displayed by the resident during the rotation. It is intended to capture ***overall*** performance related to the CanMEDS Role. It should reflect on the Key Objectives listed above, as well as items described below for each CanMEDS role.  | **Acceptable** |
| --- | --- |
| MEDICAL EXPERT COMPETENCIES including:  | **Yes** | **No** |
| COMMUNICATOR COMPETENCIES including:  | **Yes** | **No** |
| COLLABORATOR COMPETENCIES including:  | **Yes** | **No** |
| LEADER COMPETENCIES including:  | **Yes** | **No** |
| HEALTH ADVOCATE COMPETENCIES including:  | **Yes** | **No** |
| SCHOLAR COMPETENCIES including:  | **Yes** | **No** |
| PROFESSIONAL COMPETENCIES including:  | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| Is the resident on an appropriate trajectory for this point in training? | **Yes** | **No** |
| Needs: Are there any areas that need focused work in the next rotation?If yes, describe below in “Actions or Areas for Improvement | **Yes** | **No** |

**Overall Performance related to this Rotation**

**Please Note: *3 or higher*** is a pass

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Label** |  | **Label** |  | **Label** |
| **OVERALL** performance related to this educational experience | **1** | **2** | **3** | **4** | **5** |

|  |
| --- |
| **Feedback & Comments** |
| Describe Strengths |
| Actions or Areas for Improvement* + Concerns identified may be forwarded to the rotation coordinator of the resident’s next rotation
 |
| Other Comments |

**After the faculty member submits the ITAR, when the resident opens the ITAR, there are 2 standard questions that Residents must complete:**

1. I received detailed verbal feedback on my performance at or near the end of the rotation.
	* Yes
	* No
2. In general, this evaluation accurately reflects my performance.
	* Yes
	* No