

How to Complete an Effective ITER

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Objectives: by the end of this workshop, participants will be able to

1. Explain the importance of a well completed ITER in supporting trainee learning
2. Discuss the features of a well completed ITER
3. Identify challenges and create potential solutions in order to enhance the quality of the ITER completed within their current education system.

Workshop outline:

1. Introductions
2. What, why, and how.
3. The ITER as a diagnostic test of a learner's performance.
4. How can we produce an effective ITER tool.
5. How can we produce a high quality completed ITER document.
6. Break.
7. Rate examples of ITERs.
8. Tips on how to complete a high quality ITER..
9. Practice writing the ITER .
10. Wrap up and questions.

What is an ITER ?

The In-Training Evaluation Report (ITER) refers to the legal document which is completed by a preceptor in judging and documenting his/her opinion about a learner. In other words, it is the "Process of observing and systematically

documenting the ongoing performance of a learner in real clinical settings during a specific period of training” (Turnbull et al, 1998).

Is the ITER important for the learner?

Yes. A study of American medical school from 1992-1998 found that these ratings accounted for 50-70% of a student’s summative clerkship grade.

Is the ITER important for the preceptor? Yes No

List three reasons of why you think the ITER is important or not important.

In general, preceptors know what competent clinical performance entails and they can judge both the quality and appropriateness of the learners’ practice.

What are the challenges for producing reliable assessments ?

1. Faculty receive little training in assuming the roles of teacher and evaluator. This will result in observations that are not legally defensible such as the distribution error (leniency/severity error), central tendency error (failure to use the entire rating scale error), and the correlation error (halo effect).
2. Lack of the systematic objective evaluations of performance behaviors cause by delayed or no timely documentation.

Why do preceptors fail to fail?

Evidence suggests that the final evaluation is not always consistent with the evaluator's judgment of the performance. There has been an identified problem with reporting unsatisfactory performance of medical students and residents.

1. Lack of documentation.
2. Lack of knowledge of what to specifically document.
3. Anticipation of an appeal process.
4. Lack of remediation options.

What are the criteria for an effective ITER?

1. Reliability.
2. Validity.
3. Feasibility.
4. Comprehensives.
5. Timeliness.
6. Accountability.
7. Relevance.

What are the features of a high quality ITER?

Completed Clinical Evaluation Report Rating (CCERR) is composed of 9 features which are key to distinguish high quality reports out of 16 general features:

- Overall features
 1. Be based on observation and rotation objectives.
 2. State the context of the evaluator's exposure to the trainee.
 3. Indicate whether the rotation was successfully completed (i.e. pass or fail).
 4. Have all sections completed.
- Features of checklist / ratings
 5. Indicate relative strengths and weaknesses.
 6. Be consistent with the comments.
- Features of comments
 7. Provide specific examples

8. Indicate relative strengths and weaknesses
9. Provide examples of strengths and weaknesses
10. Explain any borderline or below-expectations checklist ratings
11. Be based on behaviors
12. Provide suggestions for improvement
13. Be detailed and clear
14. Explain any descriptors, such as _pleasant_ or _rude_
15. Indicate the trainee's response to feedback and / or remediation
16. Be written in a supportive but definite tone

Please notice that 8 out of 9 features in CCERR deal with the comments (see page 7 of handout for complete CCERR form).

Examples of vague comments with possible reasons:

1. "learner has poor communication skills"

Behavior	Outcome
Predominant use of closed ended questions in history	Reason for visit not disclosed by patient requiring second visit by patient (discovered by staff)
Didn't explore patient understanding of bp management plan	Poor bp control: discovered to be non-compliant with meds as didn't understand need for regular medication; several calls to RN
Doesn't sit to explain the plan to the patient	Complaints re: patients felt rushed
Unreadable hand-writing	Frequent calls from Nursing/Pharmacy to clarify orders

2. "He/she was a lazy learner"

Behavior	Outcome
Consistently late to clinic	Staff work late to accommodate
Doesn't follow-up on tests	Missed critical lab values
Doesn't answer pager	Called staff/resident on-call
Discharge summaries not done	Suboptimal medical follow-up of discharged patients
Doesn't follow-up on readings	Staff dissatisfaction & staff wastes time on follow-up

3. "rude resident"

Behavior	Outcome
Interrupts team members	Complaints by staff
Dismisses others' opinions	Complaints by patient/family
Inappropriate non-verbal communication: Walks away from team members Rolling eyes Crossed arms Hovering over patient	Avoidance of trainee in favour of staff or other trainees (health professionals' fear of reprisal or abuse)

4. “poor clinical judgment”
 - a. Admitted the open fracture overnight without calling staff – thought it could wait until morning
 - b. Treated POD#1 fever with antibiotics
 - c. Treated patient in hospital with unilateral swollen limb with lasix rather than ruling out DVT
 - d. Failure to reassess child overnight who was admitted with cellulitis... when they complained of increasing pain, simply ordered more pain meds... patient became hemodynamically unstable by am...

References

1. Dudek N, Marks M, Wood T, Lee A. Assessing the quality of supervisors' completed clinical evaluation reports. *Medical Education* 2008; 42:816-822.
2. Turnbull J, Gray J, MacFadyen J. Improving in-training evaluation programs. *JGIM* 1998, Vol 13:317-323.
3. Dudek, N, Marks M, Regehr G. Failure to fail: the perspective of clinical supervisors. *Academic Medicine* 2005, Vol 80 :584-587.

Completed Clinical Evaluation Report Rating

ITER # _____

The purpose this scale is to evaluate the quality of how a clinical evaluation form, such as an In-Training Evaluation Report (ITER) has been *filled out*. With this in mind, please use this scale with regard to *how the form has been completed* rather than the design of the form.

“Ratings” refers to the checklists or global ratings used on the evaluation form.

If there is no space for comments on the form, this scale cannot be used. However, if there is a comments section but no comments have been included (i.e. the comments section is blank), please indicate a score of “1” for the questions referring to the comments.

Please rate the following by checking the appropriate box.

	1 Not at all	2	3 Acceptable	4	5 Exemplary
1. Checklist/numeric ratings show sufficient variability to allow identification of relative strengths and weaknesses of the trainee.					
2. Comments are balanced providing both strengths and areas for improvement.					
3. The trainee’s response to feedback and/or remediation during the rotation is described in the comments.					
4. Comments justify the ratings provided.					
5. Clearly explained examples of strengths using specific descriptions (not generalizations) are provided in the comments.					
6. Clearly explained examples of weaknesses using specific descriptions (not generalizations) are provided in the comments.					
7. Concrete recommendations for the trainee to attain a higher level of performance are provided.					
8. Comments are provided in a supportive manner .					
9. Overall, this ITER provides enough detail for an independent reviewer to clearly understand the trainee’s performance on the rotation.					