



# General Nephrology Trainee Review for Competency Committee

# Updated: December 11, 2024 Reviewed by Residency Program Committee: December 17, 2024 Date of Next Scheduled Review: December 2025

**Preamble:** The academic advisor will use the form below to review all the trainee's evaluations. The academic advisor will meet with the trainee before each Competence Committee meeting. After the meeting, the academic advisor would give a preliminary evaluation based on the form. This will be discussed and affirmed at the CC meeting. If the trainee is progressing as expected, then no further action is needed. If the trainee is not progressing as expected, then a second meeting with the trainee will occur to go over a plan.

## **Policy References:**

- <u>General Standards of Accreditation for Residency Programs</u>
- <u>Nephrology Training Program Standards of Accreditation</u>
- <u>Competence by Design Technical Guide Series for Competence Committees (2020)</u>
- <u>Schulich School of Medicine & Dentistry PGME Resident Assessment & Appeals Policy</u>
- Competence Committee Terms of Reference
- Nephrology Training Program Competence Committee Process and Procedures Guide
- Fundamental Principals Underpinning the Functioning of the Nephrology Training Program Competence Committee

Name of Trainee:\_\_\_\_\_

Date: \_\_\_\_\_

### **Review of Previous Report**

Date of last CC meeting	
Action Items from last CC meeting	<ul> <li>Progress is accelerated</li> <li>Progressing as expected</li> <li>Not progressing as expected</li> <li>Failure to Progress</li> <li>Inactive</li> </ul>
	Comments:

# **Review of Current Progress**

EPA Assessments	Current Progress
BLOCK #DURATION TRAININGSTAGE OF TRAINING1-28 weeksTransition to Discipline3-824 weeksFoundations of Discipline9 (year 1)- 12(year 2)68 weeks Discipline134 weeksTransition to Practice	<ul> <li>Transition to Discipline (/2 complete)</li> <li>Foundations to Discipline (/11 complete)</li> <li>Core of Discipline (/23 complete)</li> <li>Transition to Practice (/1 complete)</li> </ul>
ITER (One45) Assessments	<ul> <li>Reviewed</li> <li>All To Do items completed in One45</li> <li>Comments or red flags:</li> </ul>
Review of Multisource Feedback Forms	Reviewed     Notes:
Review of elective evaluations (if applicable)	<ul> <li>Reviewed</li> <li>Not applicable</li> </ul>
	Notes:

Academic Half Day Attendance	□ Reviewed
	Poor attendance
	Comments:
Scholarly Project (QI, research)	Topic:
	Supervisor:
	Comments:
Presentations/Teaching	Interhospital Grand Rounds
	Interhospital Journal Club
	IM Resident Teaching
Hidden Curriculum	Online module complete
	<ul> <li>Scheduled January 15, 2025- Academic Half Day</li> </ul>
Fatigue Risk Management	Online module complete
	• Scheduled August 13, 2024-Summer Series PGY4s
	• Scheduled August 21, 2024-Summer Series PGY5s

### **Overall Assessment of Resident Progress**

Procedure Skills	Any red flags or concerns?
Learner Environment & Safety	
Wellness	<ul> <li>Have you met with your wellness lead?</li> <li>Do you feel supported?</li> <li>Concerns about fatigue?</li> </ul>
Career Planning	<ul> <li>Has the trainee met with the career planning committee?</li> <li>Does the trainee have a plan for future training/career?</li> <li>Any concerns or suggestions?</li> </ul>

General Comments	

Based on the above discussion, the trainee is:

- Progress is accelerated
- □ Progressing as expected
- □ Not progressing as expected
- □ Failure to Progress
- Inactive

Pending on the affirmation of the Nephrology Training Program Competence Committee.

Academic Advisor's Name: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_

### To be filled out by Trainee:

- □ I agree with the above review
- □ I do not agree with the above review

Comments:

Trainee's Name: \_\_\_\_\_\_ Trainee's Signature: \_\_\_\_\_

## **Competence Committee Assessment**

The Competence Committee affirms that the above trainee is:

- Progress is accelerated
- □ Progressing as expected
- □ Not progressing as expected
- □ Failure to Progress
- □ Inactive

Competence Committee Chair Signature: \_\_\_\_\_

If trainee is not progressing as expected, a follow up meeting must be documented below:

Date of meeting:	
Reasons for not progressing as	
expected:	
Action Plan	

Trainee signature: \_\_\_\_\_

Evaluator signature: \_\_\_\_\_