

Filling in an ITAR – brief instruction FAQ

Why do I have to do this!

- Generally because you have agreed to act as the primary preceptor or rotation coordinator ;) . Sometimes, we make a mistake, or you have been away. If so please ask your Site Coordinator, to re-direct it.

What if there were multiple preceptors – how do I ensure their opinions are represented?

- In various ways. Ask your resident to forward to you their 101 Aggregate Field Note report with all the Field Notes by all the preceptors involved in this learning event. See the “[What to do with the 101 Aggregate Field Note report](#)” guide.
- Speak to any and all co-preceptors, or allied health professionals, your MOA for input on resident performance. Multiple observers making multiple observations is critical to the validity of this form of workplace based assessment.
- Consider own experiences of working with and observing this resident. Field Notes may jog your memory. Add specific examples to illustrate competence or progress, or lack of competence.

When should I do the Mid/every 3month ITAR?

- You **must** do a written Mid/every 3 month ITAR in the following instances:
 - Always if your resident is **not progressing as expected regardless of the length of the learning event!**
 - At the mid point for a block learning event of greater than 4 weeks.
 - Every 3 months for longitudinal learning events.

What are the basic steps?

- Review the Goal Setting form and specific objectives
- Review the evidence – 101 Aggregate Field Note report, End of Shift forms, other sources – and select all relevant sources.
- Select your global impression of how they are doing for your Summative Statement.
- Choose the correct number of CanMEDS-FM roles ([see FAQ](#))
- Compose, at a minimum, a sentence for each role (if your resident is needing more guidance – give more!)” describing what they have done well, and repeat the process for how they might improve – residents appreciate good quality feedback on their ITAR!
- “Save” this form if you are interrupted, and “Submit” once it is complete

Thank you!

Do I have to do this with the Resident there?

This would be optimal, however we appreciate that this is a specific skill. A face to face discussion, and getting the form done at the same time may make this process more meaningful and transparent for the resident (they appreciate your effort!), and it gets completed, instead of “hanging over” you.

What happens if I **fill this form late** for the mid point or end of the learning event (block or longitudinal rotation)?

- Ideally an End of rotation ITAR is completed near the last day of the learning event.
- If your resident is doing well, and the mid – point is late, your resident may have lost an opportunity to set new goals over the latter part of the learning event.
- If your resident is not progressing as expected, **and** you are late in documenting a Mid point/every 3 months ITAR, and discussing it with them – you have deprived them of a chance to improve their performance during their learning event!! They *may appeal* the ITAR based on process (not content) *and if successful, have it removed from their permanent record*.
- For the End of Rotation ITAR – if it is late, it may have a lot less meaning for the resident – and if they are not progressing as expected, **and** the form is over 2 weeks late, they *may appeal* the form on “process” (not content) *and if successful, have it removed from their permanent record*.