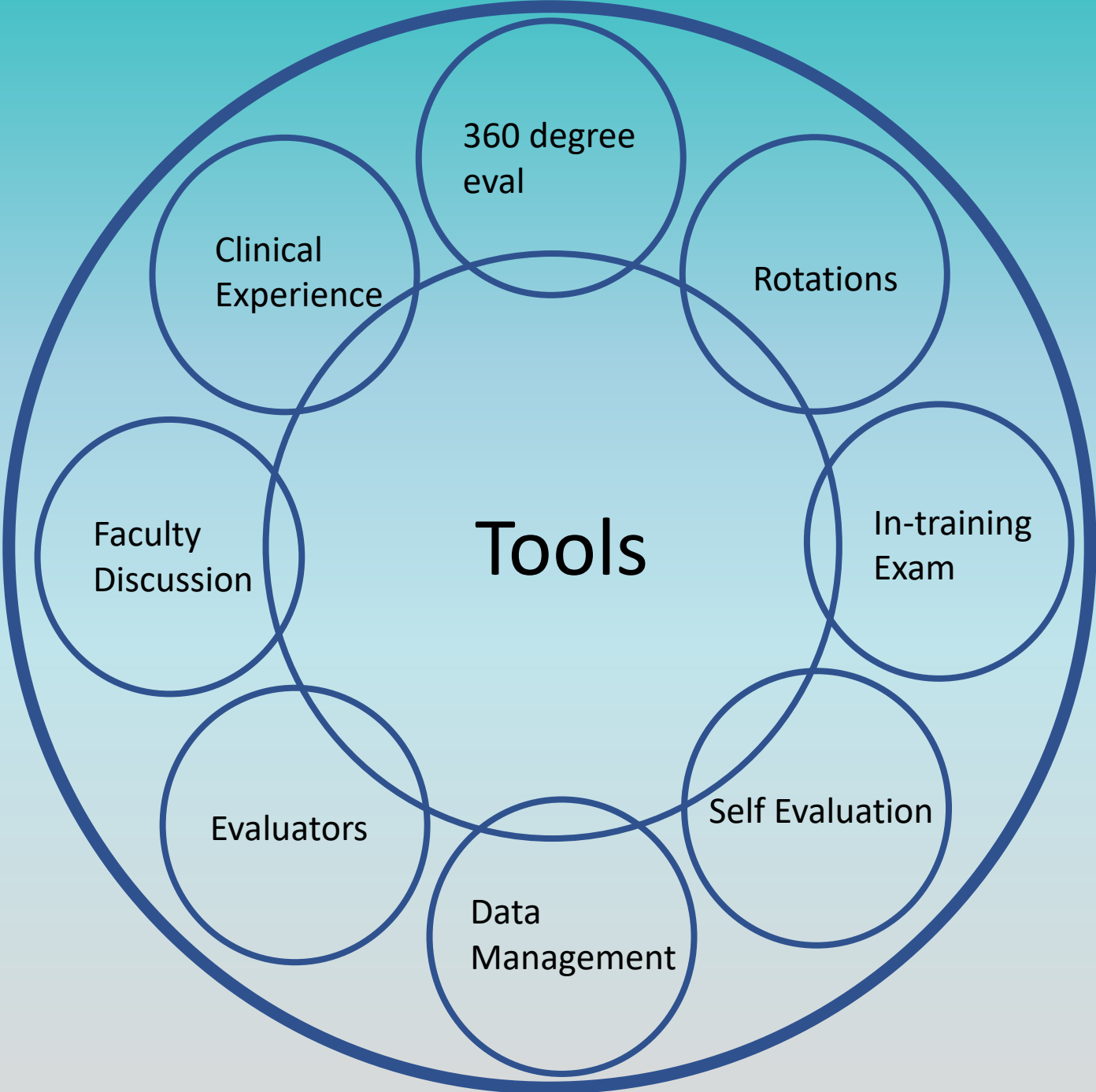


Developing Effective Evaluation Systems

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Tools

360 degree
eval

Rotations

In-training
Exam

Self Evaluation

Data
Management

Evaluators

Faculty
Discussion

Clinical
Experience

Outline/Objectives

- Define core principles of effective evaluations
- Explore features of high quality evaluation systems
- List the steps involved in improving evaluation systems

Audience Question

Tell us about qualities/characteristics of good evaluations?

Structure

Content

Length

Format

Effective Evaluations

- Why do we care about evaluations?
 - Lifelong learning – continuous improvement
 - Accreditation:
 - LCME (Liaison Committee on Medical Education)
 - ACGME (Accreditation Council for Graduate Medical Education)
 - Faculty must evaluate resident performance in a timely manner during each rotation/assignment
 - Objective assessments of resident competence in six domains
 - Document progressive resident performance improvement appropriate to educational level
 - Provide residents with semiannual evaluation of performance with feedback

Effective Evaluations

- Format of Questions
 - Likert scale
 - Yes/No
 - Free-text/type
 - Summative vs Formative
 - “Final” grade ranking
- Length
 - Balance between too few/many questions
 - Want to know that input/evaluation is valued (not just one question)
 - Want to not have to comment on so many things (not too many questions)

Effective Evaluations (cont.)

- Language – easy to understand/interpret the ask
 - Remove bias when possible, limit yes/no questions
 - MSPE or not?
 - Required vs optional responses
- Comparison
 - Self-assessment
 - Criterion referenced – compared to predetermined standard/expectations

Effective Evaluations (cont.)

- Timeliness
 - Completion turnaround time?
- Relevance
 - Standardized questions, but if too general, vague, or irrelevant they can decrease participation/response
 - Did you know what was going to be on the evaluation?
 - Maybe you need to change how/when you observe a learner based upon questions
- Value recognized
 - Clearly stated purpose of the evaluation & reinforce importance of feedback to learner development and improvement

Effective Evaluations (cont.)

- Anonymity
 - Allow response to be anonymous when able/appropriate.
- Training/Orientation to the Evaluation Tool(s)
 - Meets/Exceeds expectations
 - Rotation/course vs learner vs your expectations?
 - Desired length of response – number of sentences preferred?
 - Avoiding stereotypes/biases in responses

Audience Question

Tell us about bad experiences with completing evaluations on learners

Evaluation Systems

- System oversight
- Buy-in from learners and assessors
- Competent assessors
- Evaluation tools
- Interpreting the data
- Getting the information to learners

System Oversight

- Led by the Residency Director or Clerkship Director
 - Has to be actively managed – systems do not manage themselves well
 - Utilize evaluation systems – New Innovations, OASIS, etc...
- **System oversight**
 - Buy-in from learners and assessors
 - Competent assessors
 - Evaluation tools
 - Interpreting the data
 - Getting the information to learners

Buy-in

- Faculty including CCC for residency
 - Assessors
 - Learners
- System oversight
 - **Buy-in from learners and assessors**
 - Competent assessors
 - Evaluation tools
 - Interpreting the data
 - Getting the information to learners

Competent Assessors

- Faculty Development
- Learner development

- System oversight
- Buy-in from learners and assessors
- **Competent assessors**
- Evaluation tools
- Interpreting the data
- Getting the information to learners

Evaluation Tools

- Triangulation
 - Is it signal or noise? – compare to other evals
 - Biases of the assessor – know the people doing evaluations
 - Get data from lots of perspectives – 360s, colleagues, community faculty, core faculty
- Comments
 - System oversight
 - Buy-in from learners and assessors
 - Competent assessors
 - **Evaluation tools**
 - Interpreting the data
 - Getting the information to learners

Interpreting the data

- Expectations for learner based on level of training
 - Easy to see trends
 - Outliers – positive and negative
- System oversight
 - Buy-in from learners and assessors
 - Competent assessors
 - Evaluation tools
 - **Interpreting the data**
 - Getting the information to learners

Getting information to learners

- Evaluations
 - Feedback
 - Semi-annual review with learner
- System oversight
 - Buy-in from learners and assessors
 - Competent assessors
 - Evaluation tools
 - Interpreting the data
 - **Getting the information to learners**

Our Process of improving our evaluation system

1 Assign milestones to rotations	AL, ME	AL, ME	May 29	
2 Solicit residents to be involved	ME		May 29	Kirsta, Bonnie, Rory, David, Hannah, Collin
3 develop comment request process	AL, ME	AL,ME	May 29	list at least 3 things they did well and at least 1 thing to work on.
4 Ask residents about pre-post self assessment	ME		January 17	
5 limit the number assessed per rotation	AL, ME		February 5	10-15 at most
6 refine milestone verbiage to make it easier to complete	AL, ME		Mar 5	
7 Get resident feedback	ME		March 19	
8 Get key faculty/staff input on their areas and frequency	ME			
9 Get PD input	AL		March 19	
10 Finalize evaluation for each experience	AL, ME		Mar 26	
11 Develop New innovations version	EK		Apr16	Can we add back cont clinic milestones for outlier residents that didnt meet milestone expectations?
12 Develop resident eval review process with core resident group	ME		Apr 16	recruit 1-2 new R1s - meet in Sept?
13 Educate faculty, community preceptors and residents with PD	AL, ME	BM, ME, EK, SB, AL	Orientation time	add to resident as teacher session and create brief video/email for community preceptors
14 Develop process for review of outliers	AL, ME	BM, ME, EK, SB, AL	April 30	updated final assessment and Erin to review upon arrival
15 Roll-out	AL,ME	BM, ME, EK, SB, AL	July 1, 2021	

Our Process

- Assign milestones to rotations
- Solicit residents to be involved
- Develop comment request process

		R1							
Level		Medicine	Medicine Noc	OB	Peds	Ortho 1	ER 1	FMC	Surgery
	PC-1 Care of the Acutely Ill Patient								
1	a Generates differential diagnosis for acute presentations	b	b	m	b	m	b	b	b
	b Recognizes role of clinical protocols and guidelines in acute situations	b	b	b	b			b	
	c Recognizes that acute conditions have an impact beyond the immediate disease process	b	b	b	b	b	b	b	b

Our Process

- Ask residents about pre-post self assessment
- Limit the number assessed per rotation
- Refine milestone verbiage to make it easier to complete

PC-1 Care of the Acutely Ill Patient		Medicine	Medicine Noc	OB	Peds	Ortho 1	ER 1	FMC	Surgery	Medicine 2	OB NOC	OB/PEDS	ICU	GYN	BEH	P psych	Peds CHW	FM Select
a	Generates differential diagnosis for acute presentations	b	b	m	b	m	b	b	b	b	m	b	b	b		b	b	b
b	Recognizes role of clinical protocols and guidelines in acute situations	b	b	b	b			b		b	b	b	b			b	b	b
c	Recognizes that acute conditions have an impact beyond the immediate disease process	b	b	b	b	b	b	b	b	b	m	b	b	b		b	b	b
a	Prioritizes the differential diagnosis for acute presentations	b	b	b	b	b	b	b	b	b	m	b	b	b		b	b	b
b	Develops management plans for patients with common acute conditions	b	b	b	b	b	b	b	b	b	b	b	b	b		b	b	b
c	Identifies the interplay between psychosocial factors and acute illness	b	b		b		b	b		b	m	b	b	b	b	b	b	b
a	Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies	b	b	b	b		b	b	b	b	b	b	b	b		m	b	b
b	Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients	b	b	b	b		b	b	b	b	b	b	b	b			b	b
c	Incorporates psychosocial factors into management plans of acute illness for patients and caregivers	b	b		b		b	b		b		b	b			m	b	b
a	Mobilizes the multidisciplinary team to manage care for simultaneous patient visits	b	b	m	b		b	b		b		b	b				b	b

Our Process

- Get resident feedback
- Get key faculty/staff input on their areas and frequency
- Get PD input

	R1								R2								R3								Other							
	Medicine	Medicine Noc	OB	Peds	Ortho 1	ER 1	FMC	Surgery	Medicine 2	OB NOC	OB/PEDS	ICU	GYN	BEH	P psych	Peds CHW	FM Select	Ortho 3	Brewster	OPH	ENT/URO	ER 3	Cardio	Amb Peds	Endocrine	Palliative Care	Electives	Continuity Clinic	OMM Clinic	DO Workshop	Didactics (JC, GRs, etc...)	
PC-1 Care of the Acutely Ill Patient																																
a Generates differential diagnosis for acute presentations	b	b	m	b	m	b	b	b	b	m	b	b	b		b	b	b	m	m	b	b	b	b	b			m	b				
b Recognizes role of clinical protocols and guidelines in acute situations	b	b	b	b			b		b	b	b	b			b	b	b		m	b	b			m				b				
c Recognizes that acute conditions have an impact beyond the immediate disease process	b	b	b	b	b	b	b	b	b	m	b	b	b		b	b	b	m	m	b	b	b	b	b			m	b				

Our Process

- Finalize evaluation for each experience
- Develop New innovations version
- Develop resident eval review process with core resident group

Our Process

- Educate faculty, community preceptors and residents with PD
- Develop process for review of outliers
- Roll-out

Questions and Comments

Selected References

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