CREATING USEFUL EVALUATIONS

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DISCLOSURES:

Lynne Meyer, PhD, MPH

- Nothing to disclose

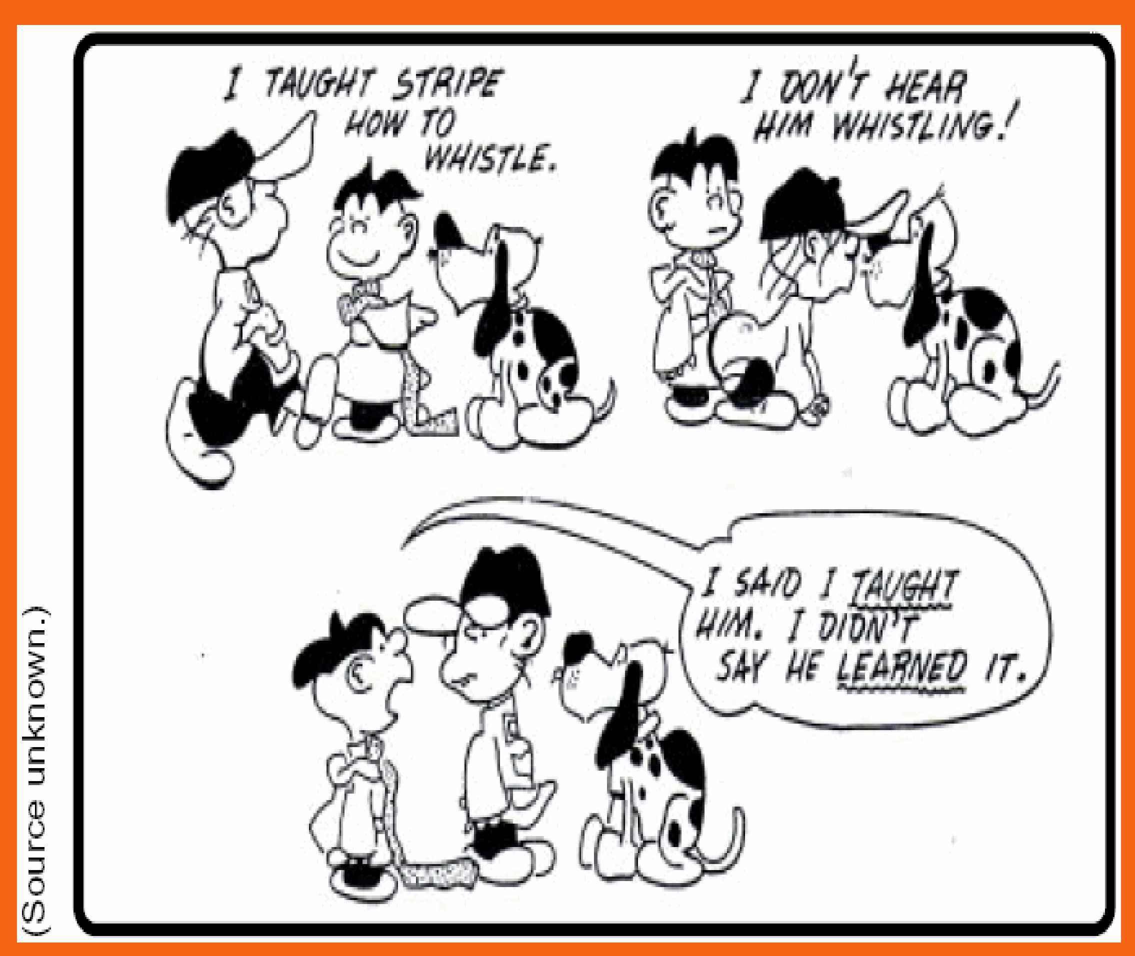
Marianne Chaloupek, MHA

- Nothing to disclose

OBJECTIVES:

- ❑ Identify the components and strategies that make evaluations meaningful
- ❑ Differentiate between poor and useful evaluation comments
- ❑ Match assessment strategies with evaluation tools
- ❑ Apply evaluation data in the Clinical Competency Committee's process

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL



- Have you clearly defined the expectations?

  Unique goals and objectives for each learning experience

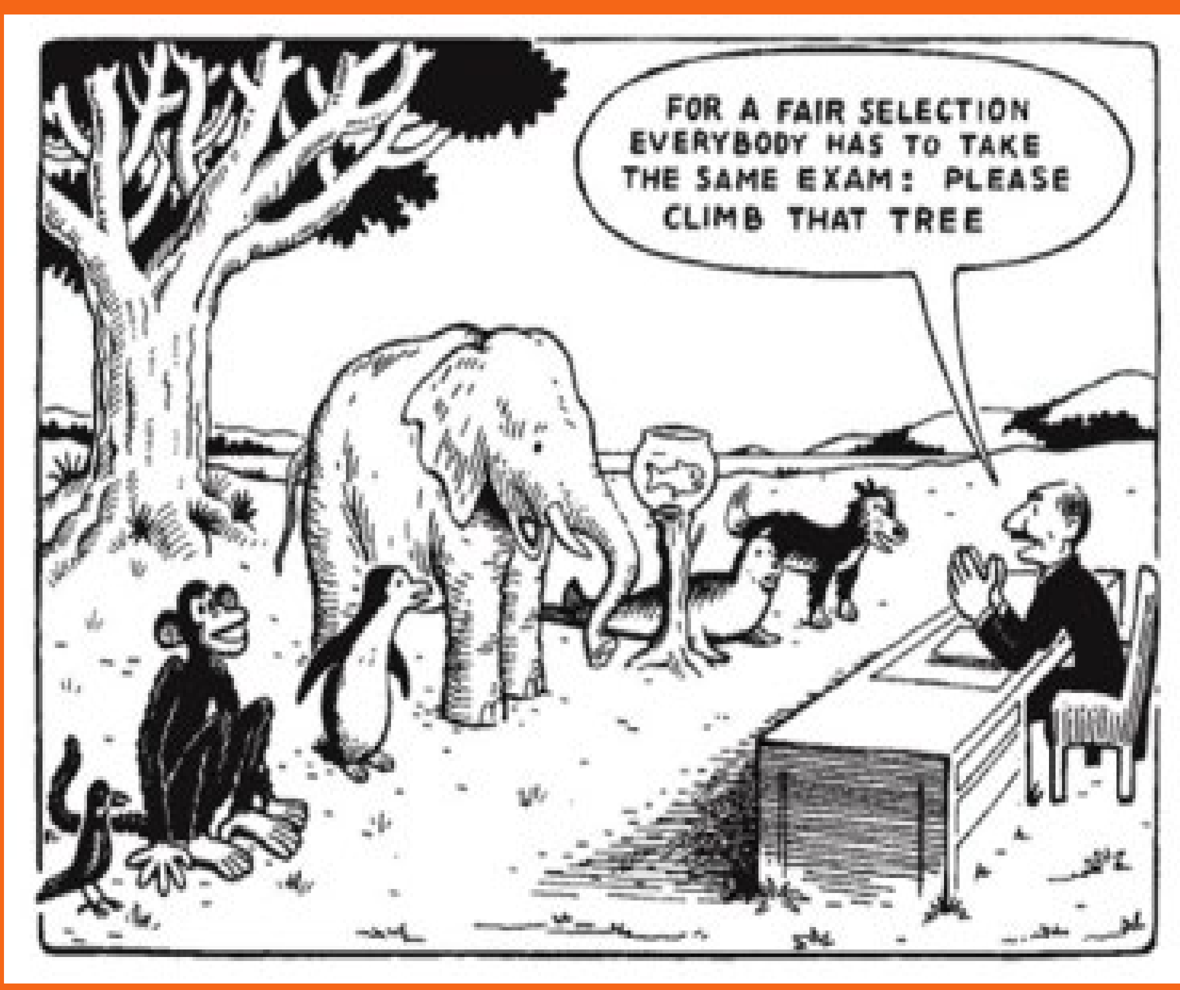
- Have you defined what success looks like?

  How do you succeed at a rotation?
  How do you progress from one year to the next?
  What is the minimum for graduating?

- Do you have the right kinds and the right amount of assessment tools?

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

- Common types of assessments for residents
  - Written test questions
    - Enough questions to provide a sufficient representation of the knowledge being assessed
  - Performance examinations
    - Standardize the raters
    - Create meaningful checklists
    - Cases not too easy/not too difficult
    - Passing score set appropriately
  - Clinical ratings
    - Accurate amount of observations
    - Meaningful rating forms
    - Trained observers
    - Remove observer bias



COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

- Written test questions
  - Multiple choice
  - Essay based
  - Fill in the blank
- Performance examinations
  - Simulated Clinical scenarios
  - Standardized patient encounters
- Clinical ratings
  - End of performance evaluations

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

GOAL #3:	Fellow will be able to manage surgical needs of their patients.				
Objectives		**Learning Activities**	**Evaluation tools**	**Milestone Competency**	**Delineation of responsibilities for patient care, progressive responsibility for patient management, and graded supervision**
#1	Identify patients who are appropriate candidates for surgical evaluation	DPC	FE; CR; SE	PC – medical and surgical management; MK – diagnostic investigation	Presentation of every patient to clinical supervisor during the beginning of the program with direct supervision until faculty deem indirect supervision is appropriate to oversight towards the end of the program as deemed appropriate.
#2	Identify diagnostic modalities essential for surgical planning	DPC EMC; LM; JC	FE; CR; SE	PC – surgical management; MK – diagnostic investigation	Presentation of every patient to clinical supervisor during the beginning of the program with direct supervision until faculty deem indirect supervision is appropriate to oversight towards the end of the program as deemed appropriate.

1 Patient Care – History

Consistently obtains a focused history sufficient to evaluate, diagnose, and treat seizure disorders (graduation target).

Level 1: Frequent intervention indicated	Level 2: Needs regular supervision	Level 3: Needs occasional guidance	Level 4: Ready to practice independently	Level 5: Advanced clinician/can teach	N/A
○	○	○	○	○	○

2 Patient Care – Neurological Exam

Consistently performs and communicate an appropriate neurological exam (graduation target).

Level 1: Frequent intervention indicated	Level 2: Needs regular supervision	Level 3: Needs occasional guidance	Level 4: Ready to practice independently	Level 5: Advanced clinician/can teach	N/A
○	○	○	○	○	○

3 Patient Care – Management/Treatment

Independently manages patients with common and uncommon seizure disorders.
Independently adapts antiepileptic drugs (AED) treatment based on patient response.
Independently directs management of patients with emergencies (increased seizure frequency, suspected status epilepticus, etc.)
Manages convulsive and non-convulsive status epilepticus.

Level 1: Frequent intervention indicated	Level 2: Needs regular supervision	Level 3: Needs occasional guidance	Level 4: Ready to practice independently	Level 5: Advanced clinician/can teach	N/A

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<u>Faculty Evaluation for this rotation</u>

1. Did resident identify all patients who were candidates for surgical evaluation?
Yes No

2. If no, are there specific scenarios that the resident missed most often?
Describe:

3. What diagnostic modalities were identified least for surgical planning by the resident?
Describe”

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

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Chart Review

CHART REVIEW CHECKLIST

DATE: *11-15-03*

Facility Name: **Community Cancer Center** **Physicist name:** **Mary Precise**

Description	Patient number: 1	2	3	4	5
Prescription: The chart contains a signed and dated prescription, including: (i) Treatment site (ii) Planned total dose and fractionation (iii) Modality and energy (iv) Normalization (e.g. % isodose, depth)	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐
Treatment plan: If a graphic dose distribution plan was generated, the plan matches the prescription (modality/energy/dose/site) and has been signed by the physician and physicist.	*Yes* ☐ *No* ☐ *N/A* ☒	*Yes* ☒ *No* ☐ *N/A* ☐	*Yes* ☒ *No* ☐ *N/A* ☐	*Yes* ☒ *No* ☐ *N/A* ☐	*Yes* ☒ *No* ☐ *N/A* ☐
Meter setting: The monitor unit calculation is clearly documented, and checked by another person or another method before the 3rd fraction or 20% of the total dose.	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐
Set-up: The setup information is clearly and comprehensively documented (e.g., setup distance, field parameters, positioning equipment, diagrams / photos).	*Yes* ☐ *No* ☒	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐
Dose delivery: The prescribed and delivered dose agree, and accumulated dose to relevant critical structures is documented. There is documentation of a weekly chart check by the physicist or a designee, and a final check by the physicist at completion of treatment.	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐	*Yes* ☒ *No* ☐
Brachytherapy: If the treatment included brachytherapy, there is documentation of: (i) A written directive prior to treatment (ii) Independent source strength verification (in chart or log book) (iii) Adequate localization of source(s) (iv) Post-implant dosimetry (prostate seeds)	*Yes* ☐ *No* ☐ *N/A* ☒	*Yes* ☐ *No* ☐ *N/A* ☒	*Yes* ☐ *No* ☐ *N/A* ☒	*Yes* ☒ *No* ☐ *N/A* ☐	*Yes* ☐ *No* ☐ *N/A* ☒
Comments:	No setup photos.			4-field + implant	

Privileged and Confidential Peer Review

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

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Self Evaluation

1. What is your confidence level in identifying appropriate candidates for surgical evaluation?

2. Do you appropriately identify diagnostic modalities essential for surgical planning?
If no, where do you feel you need additional training?

COMPONENTS AND STRATEGIES THAT MAKE EVALUATIONS MEANINGFUL

Choosing the right scale

1 – 5 with 5 being the best

Below expected level, at expected level, above expected level

At the end of the rotation the resident

a. Needs Direct Supervision with much prompting
b. Needs Direct supervision with some prompting
c. Moved to indirect supervision with minimal prompting

USEFUL AND LESS THAN USEFUL EVALUATION COMMENTS

Evaluation responses should be clear, specific and based on direct observations

Less than useful: Resident did not perform as I expected, needs work

Useful: Patient positioning was good. Resident was not able to properly identify landmarks. Simulation training suggested.

Evaluation responses should focus on the performance, not on the individual

Less than useful: Great to work with!

Useful: Took lead role in the multidisciplinary team – great communication skills

Evaluation responses should be delivered using neutral, non-judgmental language

Less than useful: Resident is lazy

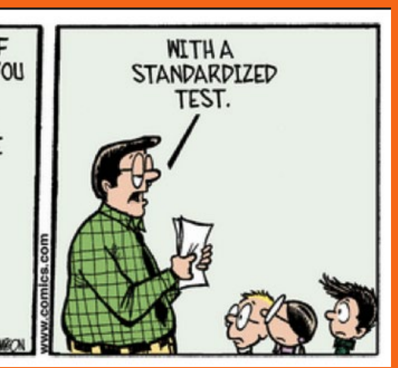
Useful: I am concerned with the resident's level of fatigue, seems to have less energy this week compared to last week.

USEFUL AND LESS THAN USEFUL EVALUATION COMMENTS

Faculty Development - improve faculty attitudes toward teaching and in self-awareness

WHEN:

- PD/PEC driven
- Lectures and discussions at faculty meetings
- Break-out discussions at faculty
- Seminars and workshops



TOPICS:

- Review of Evaluation tools
- Feedback methods
- Quality assessment language for the narrative component
- Shared mental model of assessment ratings
- High-value teaching behaviors
- Self-reflection

MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS

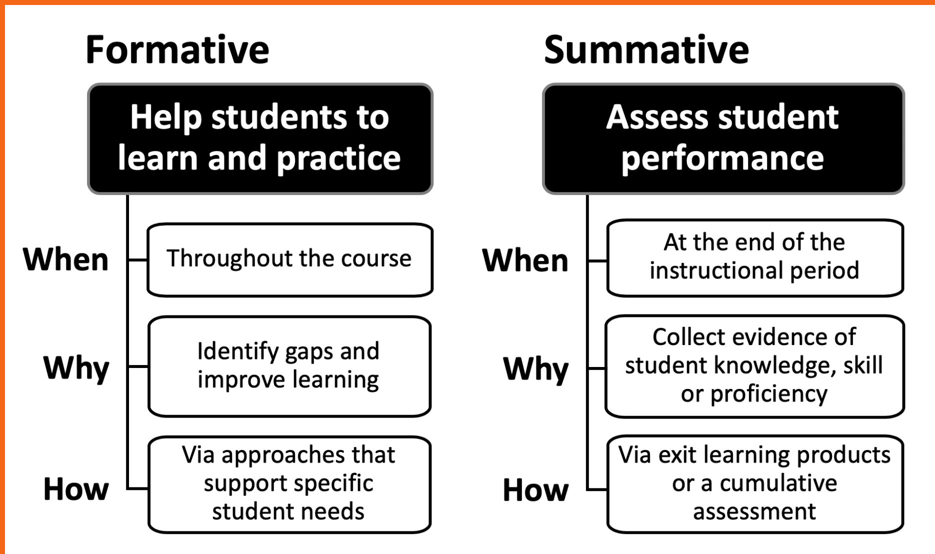
Assessment Strategy Definition

- Identify the strengths of the learner.
- Identify the weakness of the learner.
- Recognize the unique learning needs of an individual learner.
- Track the progress of the learner.
- Collect feedback for the current teaching methods employed by the learner in the form of its effectiveness.

MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS

Formative vs. Summative Assessment

- **Formative**: monitor resident/fellow learning and provide **ongoing feedback** to learners
- **Summative:** evaluate resident/fellow learning **at the end of** an instructional unit by comparing it against some standard or benchmark.



MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS – WHICH TOOL(S)?

Purpose: Usually used to assess how frequently a behavior is performed

Assessment Strategy for:

- Interpersonal and communication skills
- Professional behavior
- Some aspects of patient care and systems-based practice

Evaluation Tool:

360-Degree Evaluation (aka Multi-Source Evaluation)

- Peers
- Patients/families
- Staff
- Self

Score the following boxes as shown below to indicate how often you observed the behavior

❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
Not Applicable	I rarely demonstrates (<25% of the time)	I do this Sometimes (25-50% of the time)	I do this most of the time (50-75% of the time)	I do this all the time (>75% of time)

Competency: Communicate effectively to create and sustain a therapeutic relationship with patients and families.					
Knowledge/Skills/Attitudes Benchmarks:					
I obtains historical information from appropriate individual (patient, caregiver, etc)	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
I makes appropriate introductions and explains personnel roles	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4

MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS – WHICH TOOL(S)?

Purpose: useful for evaluating any competency and competency component that can be broken down into specific behaviors or actions

Assessment Strategy for:

- History and physical exam skills
- Procedural skills
- Interpersonal and communication skills

Evaluation Tool:

Checklist Evaluation (aka Direct Observation Tool)

Central Line Insertion Care Team Checklist

Date ____________ Time ____________ Addressograph

Type of line placed ____________ Rewire ☐ Location of line ____________ # of lumens ____________

CRITICAL STEPS Directions: The Assistant completes this checklist by indicating with a checkmark in the appropriate column when the task is performed. If the task is not performed, a comment must be added. The Supervisor may also function as the Assistant who completes this form.	Yes ✓	Yes with Reminder ✓ (If No-add a comment)
1. Perform a time out using the informed consent form.		
2. Clean hands		
3. Wear cap, mask, sterile gown/gloves, and eye protection if in contact with or crossing the sterile field *at any time during the procedure. a. All others entering the room during the procedure must wear cap and mask.		
4. Prep site with chlorhexidine and let air dry. (*See instructions)		
5. Drape patient from head to toe using sterile technique.		
6. Prepare catheter by pre-flushing and clamping all lumens not in use during procedure.		
7. Place patient in trendelenburg position unless contraindicated (e.g., increased ICP) or if femoral/ PICC (place supine and flat).		
8. Maintain sterile field.		
9. Ensure grasp on guide wire is maintained throughout procedure and removed post procedure.		
10. Aspirate blood from all lumens, flush, and apply sterile caps.		
11. Ensure venous placement. (*See instructions)		
12. Clean site with chlorhexidine, apply sterile dressing, and apply sterile caps on all hubs.		

*Checklist instructions located on back of form

Operator ____________ Supervisor ____________ Assistant ____________

Comments:

MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS – WHICH TOOL(S)?

- **Purpose:** rater judges general categories of ability instead of specific skills, tasks or behaviors; and the ratings are completed retrospectively based on general impressions collected over a period of time (e.g., end of a clinical rotation) derived from multiple sources of information (e.g., direct observations or interactions; input from other faculty, residents, or patients; review of work products or written materials)

Assessment Strategy for:

- End of rotation and summary assessments of ACGME competencies (e.g. PC, MK, ICS, PROF, SBP, PBLI)

Evaluation Tool:

Global Rating Evaluation (aka Rotation Evaluation)

Faculty Evaluation of Resident
Family Medicine Practice Rotation PGY-1

Resident Name ______________________________

Evaluator Name ______________________________ Date ______________

Patient Care:

1. Gathers essential & accurate information from patients, family members & care team members

Competency/skill is observed on a constant basis	Competency/skill is observed, not yet observed constantly without exception	Competency/Skill is observed on an infrequent basis, clear development opportunity here	Needs Immediate Improvement	Did not observe

2. Performs accurate & focused physical exams appropriate for the reason for the visit

Competency/skill is observed on a constant basis	Competency/skill is observed, not yet observed constantly without exception	Competency/Skill is observed on an infrequent basis, clear development opportunity here	Needs Immediate Improvement	Did not observe

3. Develops an appropriate differential diagnosis & treatment plans based on the reason for the visit

Competency/skill is observed on a constant basis	Competency/skill is observed, not yet observed constantly without exception	Competency/Skill is observed on an infrequent basis, clear development opportunity here	Needs Immediate Improvement	Did not observe

MATCH ASSESSMENT STRATEGIES WITH EVALUATION TOOLS – OTHER COMMON ASSESSMENTS

- Chart Stimulated Recall Oral Examination
- Standardized Oral Examination
- Objective Structured Clinical Exam (OSCE)/Standardized Patient Examination
- Simulations and Models
- Procedure, Operative, and/or Case Logs
- Patient Surveys (e.g. Press Ganey, HCAHPS)
- Portfolios
- Record Review
- Written Examination (e.g. multiple choice question)
- In-training Examinations
- Scholarly Activity Outcomes (e.g. abstract, poster, publication, QI project, etc.)
- Conference Attendance

APPLY EVALUATION DATA IN THE CLINICAL COMPETENCY COMMITTEE'S PROCESS – STRATEGIES BY ROTATION EXAMPLE

Autism Clinic Rotation Evaluation map

Row	A	B Rotation Evals	C Peer eval	D Chart Audit	E Quiz 1	F PRITE	G CARD 360	H NI Portfolio	I CSE	J Patient/parent Feedback Form	K Staff 360	L Self-evaluation	S Number of current assessment methods
2	Perform a basic developmental milestones assessment using CDC checklists or other validated instruments	x		x									2
3	Identify clinical symptoms and order appropriate medical, genetic, laboratory, and psychological tests to develop a comprehensive differential diagnosis for ASDs and other neurodevelopmental disorders.			x									1
4	Select appropriate psychopharmacological treatment for various symptoms of ASD.	x		x	x	x							4
5	(F2) Use the Social Communication Questionnaire (SCQ) to screen for symptoms of ASD and to complement clinical assessment	x					x						2
6	(F2)Identify subtle signs of ASD and differentiate them from similar clinical findings (e.g. Stereotypies and tics)	x											1
7	(F2)Handle emergent situations such as aggression or self-injurious behavior in an appropriate manner with minimal supervision	x					x						2
8	Monitor efficacy and adverse effects of psychopharmacological treatment for youths with ASD.	x			x	x							3
9	Identify normal and abnormal developmental milestones from infancy through young adulthood			x	x	x							3
10	List the DSM-5 diagnostic criteria, prevalence, comorbidities, and course of illness for ASDs and other developmental disorders			x	x	x							3
11	List clinical findings and appropriate medical, genetic, laboratory, and psychological tests required to develop a comprehensive differential diagnosis for ASDs and other neurodevelopmental disorders	x		x	x	x							4
12	Recognize the role of education, speech and …												

Autism Clinic Eval map | Milestone Evaluation Map | Eval-Autism Clinic | Card 360 | patient parent feedback add-on | Self-ev ...

APPLY EVALUATION DATA
IN THE CLINICAL COMPETENCY COMMITTEE'S PROCESS – STRATEGIES BY MILESTONE SUBCOMPETENCY

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**Child & Adolescent Psychiatry Subcompetencies to Evaluation Methods Map**	Autism Clinic Rotation Evals	Peer eval	Chart Audit	Quiz 1	PRITE	AUtism Clinic Rotation CARD 360	NI Portfolio	CSE	Patient/parent Feedback Form	Staff 360	Self evaluation			Number of current assessment methods	Autism clinic rotation competenciy row numbers
2	PC 1. Psychiatric Evaluation														0	
3	Level 1	x		x					x							2, 3, 13
4	Level 2	x		x	x	x	x		x	x	x					2,3, 8, 16, 25
5	Level 3	x		x	x	x	x		x	x	x					2, 3, 8, 16, 25
6	Level 4	x		x	x	x			x							2,6, 13, 16
7	Level 5						x		x							12, CSE
8	PC 2. Psychiaric Formulation and Differential Diagnosis														0	
9	Level 1			x	x				x							23, 13
10	Level 2			x	x	x			x							7, 13
11	Level 3			x	x	x		x								6,7,10
12	Level 4															N/A
13	Level 5						x									12
14	PC 3 Treatment Planning and Management														0	
15	Level 1	x			x	x	x									7, 8
16	Level 2				x			x								15,18
17	Level 3	x		x	x	x	x		x	x	x					3,11, 33
18	Level 4	x		x	x	x	x			x						3,11,12,39,40,41,42
19	Level 5							x								18
20	PC 4. Psychotherapy														0	
21	Level 1	x			x		x		x	x	x					19,22,33,
22	Level 2															
23	Level 3															
24	Level 4															
25	Level 5															
26	PC 5. Somatic Therapies, including Psychopharmacology and other Somatic treatments														0	
27	level 1	x		x	x	x			x	x						4,8,24
28	Level 2	x		x	x	x			x	x						8,20,24
29	level 3	x		x	x	x			x	x						4,8,24
30	level 4	x		x	x	x	x		x	x						4,8,12,24

Autism Clinic Eval map | Milestone Evaluation Map | Eval-Autism Clinic | Card 360 | patient parent feedback add-on | Self-ev ...

RESIDENT A SCENARIO FOR CCC FOR END OF YEAR EVAL (PGY 1 IN A 3-YEAR PROGRAM)

- Rotation Evaluation Data:
  - No specific comments, only vague comments such as "*did a good job*", "*will be an asset to the field*", "*enjoyed working with them*" "*sometimes not available or disappeared*"
  - Ratings are straight-lined at a 4 (out of 5)
  - There is one lengthy generic rotation evaluation form used for all rotations that faculty are asked to complete. This evaluation form is inconsistent for rotation goals and objectives.
  - 2/6 monthly rotation evaluations are missing
- ITE – resident is at the 35th percentile compared to others nationally for their PGY level
- Procedural log data has not been entered in New Innovations by resident
- Minimal documentation/progress for QI or scholarly activity project
- No patient evaluations distributed
- Resident not asked to complete a self-evaluation
- No peer evaluations distributed
- Received one 360 evaluation from a nurse that stated "*I never worked with this resident*"
- One of the CCC members states "*I don't care for this resident*"

CCC DECISION FOR RESIDENT A

Do you promote this resident to PGY2 or make another decision?

Recommendations for PEC?

Faculty development plans?

RESIDENT B SCENARIO FOR CCC FOR END OF YEAR EVAL (PGY 1 IN A 3-YEAR PROGRAM)

- Rotation Evaluation Data:
  - Specific comments, such as "did a good job on the night float team. Medical knowledge is excellent and has well researched assessments/plans for new patients, especially when presenting Wednesday morning case report. I would encourage her to continue to work on making sure there is seamless communication between all resident team members to make sure there are no gaps in communication or care" and "Dr. B is doing a great job with documentation, she is very detail oriented with putting all relevant diagnoses for the encounter which really helps with flow of information. She is also very efficient, however she may sometimes make quick decisions without putting in critical thinking (e.g. 1 month old baby coming in with 5 grams per day weight gain, making a decision to see back in f/u thinking it might be scale difference although there has been 3 weeks past over last visit, turning out that she got the birth weight incorrect). Therefore rarely not paying attention to what might be important for the patient is my main concern with her. Recommendation: Double check information, if anything in vitals doesn't seem right, track it down and find out the correct information and consider the potential critical outcomes of medical decisions you make."

RESIDENT B SCENARIO FOR CCC FOR END OF YEAR EVAL (PGY 1 IN A 3-YEAR PROGRAM)

- Rotation Evaluation Data continued:
  - Ratings are specific with averages ranging from 3.6 to 4.4 (out of 5)
  - Each rotation has its own succinct form that is aligned with goals and objectives. Faculty are NOT asked for data that can be obtained elsewhere.
  - All rotation evaluations are returned
- ITE – resident is at the 35th percentile compared to others nationally for their PGY level
- Procedural log data has not been entered in New Innovations by resident
- Minimal documentation/progress for QI or scholarly activity project

RESIDENT B SCENARIO FOR CCC FOR END OF YEAR EVAL (PGY 1 IN A 3-YEAR PROGRAM)

- Patient evaluations show high ratings overall. Comments: "*Took the time to listen to me*", "*I trust Dr. B.*"
- Resident completed a self-evaluation and gave them self intermediate marks in all areas
- Peer evaluations returned. Comments included "*She is a hard worker, but not the most efficient. Often stayed long hours to complete rounds and medical records*", "*did a great job during this month. She showed tremendous growth in her assessment of cases and clinical awareness. She is a team player and always offered to help as much as she can. She is an eager learner and her bedside manner is usually top notch.*"
- Received several 360 evaluations from nursing. Typical comments were: "*Awesome doctor, cares about her patient her staff. I would love to work for a doctor like her!*" "*She is a wonderful resident, she occasionally (but not typically) comes across a little harsh with patients/families.*", "*She does a good job. I would suggest better usage of her time management.*" "*She is confident and compassionate when it comes to patient care.*"
- One of the CCC members states "*I don't care for this resident*"
- Resident Progression Policy has not been provided to the CCC and/or reviewed by faculty and residents

CCC DECISION FOR RESIDENT B

Do you promote this resident to PGY2 or make another decision?

Recommendations for PEC?

Faculty development plans?

SUMMARY – TAKE AWAY POINTS

- A specific progression and graduation policy
- Evaluation questions aligned with goals and objectives
- Evaluation questions mapped to milestone subcompetencies
- Unique evaluations for each rotation/experience
- Multiple evaluation sources
- Evaluations that use proper rating scales
- CCC members review of role and responsibilities
- Let New Innovations do as much work for you as possible
- Relay relevant programmatic issues/findings to PEC
- Faculty development, faculty development, faculty development, etc. etc. etc.

QUESTIONS?

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This recorded Presentation will be available on the UF GME website
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