



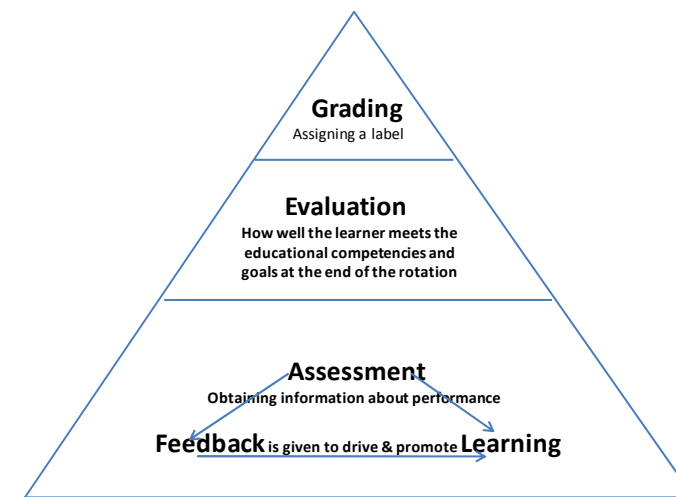
Evaluation



Recently a faculty member related the following about evaluating a resident: "I have spent an insufficient amount of time with the resident and I simply do not have enough information to evaluate her." Most of us have found ourselves in a similar position at one time or another. This article suggests some practical methods for faculty members to use when evaluating learners after only a minimal amount of interaction.

Evaluation is a critical part of the educational process and involves determining how well the learner has met the educational competencies and goals. The process of evaluation is closely linked to feedback, assessment, and grading. Feedback is input meant to guide the learner by describing performance in a given activity, noting strengths and giving suggestions for improvement (See Medical Education Newsletter "The Competencies", Feb 2010). Assessment is obtaining information about performance, evaluation is determining how well the learner has met the educational competencies and goals, and grading assigns a label to the evaluation. These four concepts are linked and described in **Figure 1 below**.

The difference between: feedback, assessment, evaluation & grading



Evaluation can be thought of as building a 'picture' of each learner. This picture involves three key words, "Look, See, Write."

The first step is LOOK. During your interactions with and direct observation of the learner, consider the experience of the learner [medical student, resident, fellow], the time of observation [Is it early August or late May?], and the context or setting [outpatient, inpatient, emergency department, intensive care, research, elective]. LOOK for knowledge, reasoning ability, communication skills, professionalism and other skills such as respect for cultural diversity, and teamwork. Focus the observations on the different roles that every trainee should fulfill: caregiver, leader, collaborator, teacher, advocate, and learner. This requires taking note of the learner in different dimensions, e.g. with patients, families, or other team members. These observations provide the basis for your evaluation.

In the next step, SEE, the faculty member must further focus his or her observations in light of the goals of the rotation. Think about the learner's specific behaviors and performance in relation to the goals of the rotation and in relation to the learner's own goals. Consider, what are the goals of the rotation? What are the learner's own goals, and how do they align with the goals of the rotation? (See Medical Education Newsletter "Individualized learning plans, learning goals & life-long learning", May 2011.) It is helpful to see what efforts the learner is making towards the rotation and individual goals, and how their performance reflects progress toward these goals. This will help you to SEE what stage of the learning process the student or resident is in and what must follow.



Commentary: Lindsey Lane BM BCH Evaluation

What is the purpose of evaluation? It provides evidence that a trainee can be certified as competent and ready for independent practice or higher level training, it allows trainees who need remediation to be identified, and it should allow trainees to understand their strengths and weaknesses so that they can improve as they progress through training. A 'good or useful' evaluation will describe specific examples of trainee behavior that illustrate their level of performance in different areas of competency and include suggestions about ways to improve performance. A 'poor or useless' evaluation will not.

Many faculty members say they struggle to complete evaluations because they have not spent enough time with a trainee and don't have enough information. On the surface this seems a reasonable statement as we can all agree that the days when faculty members worked with a single trainee over an extended period of time are pretty much gone. On the inpatient service the month of 'ward attending' is a thing of the past and the clinic schedules rarely allow continuity with one attending during a traditional training block.

However, even though the old 'apprenticeship model' provided conditions where it should have been possible, if not easy, to write a 'good or useful' evaluation of trainee performance, evaluations from the those times were not that different from those being written now: replete with general and not particularly useful comments like 'nice job,' 'works well with the team,' and 'one of the better residents this year,' and with some check marks in numbered rating boxes for the different competencies.

"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted." This is a classic quote by Einstein and the 'poor or useless evaluation' is an example of a method of counting performance that does not capture what really 'counts.'

Unfortunately, in medical education, the 'good and useful' evaluation is and always has been the exception rather than the norm. This newsletter gives some suggestions about improving evaluations of our trainees. We also refer back to our two previous newsletters about competencies and individual learning goals. The newsletter about competencies suggested that faculty should make direct observations of a trainee and write notes about what they observed; when these notes are included in an evaluation they become the 'useful comments' that help a trainee improve. The Individual learning goals newsletter highlighted the importance of trainees engaging in self-directed learning and self-assessment - an important part of deliberate practice and life-long learning. When the faculty knows what the trainee's learning goals are they can focus their observations and comments in these areas, making the evaluation more useful to the trainee.

At Children's Hospital Colorado we are determined to make every evaluation a 'good and useful' evaluation. We want to collect rich, descriptive, meaningful comments about our trainees from every faculty member who works with them. Once assembled, these comments will paint a more complete picture that really will be useful for the trainee. This is one way that we will 'count' what really 'counts.'

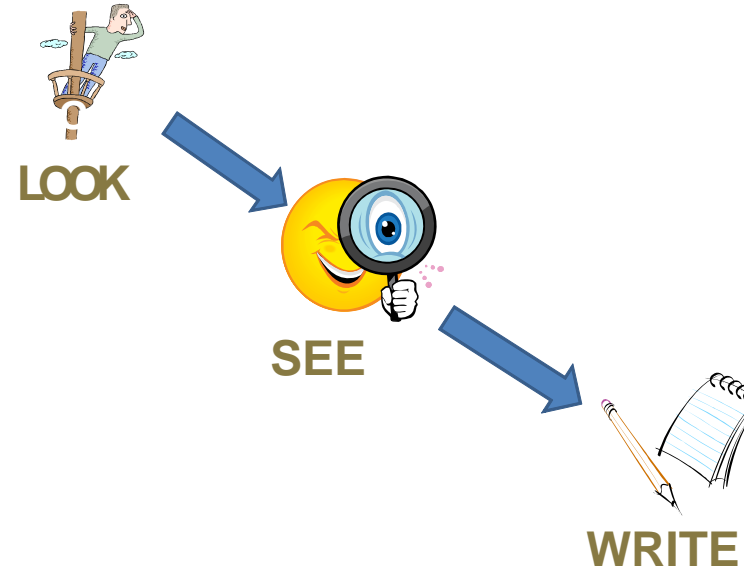
"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted"

Albert Einstein

continued from page 1
Paritosh Kaul, MD

SOCO

Single Overriding Communication Objective



The final step is to immediately WRITE down everything you've noticed. Don't limit the breadth of your notes. Jot down any small behavior observed. Did the learner take a good history, or was the interaction with the patient awkward? WRITE down specific examples as they occur so that you can easily remember the learner's strengths and weaknesses. Always avoid comparing learners to each other and make sure you write down concrete examples of things the learner said and did, relating these examples to the goals. Everything written must be an objective journal of what and how the learner performed.

Returning to the faculty member mentioned at the beginning of the article, she was later asked to reflect on what happened during the short interaction she had with the learner. The faculty member immediately recollected a case with an increasing head circumference in an infant. She remembered that the resident took a thorough history and performed a complete physical examination. The resident also contacted various subspecialists regarding the case and two days later called the family to ensure that they had made all necessary appointments. All this rich information provided excellent observations to create an excellent evaluation, but it was meaningless without a format that recorded this insight. The "LOOK, SEE, WRITE" method allows the faculty member to obtain important data about performance from one short encounter and use it for feedback for the learner and to create a rich evaluation that facilitates grading.

Eventually, we hope to receive multiple evaluations of this nature from different faculty members evaluating each learner. When the evaluations are combined, a clearer "picture" of each learner can be built.

This article is based on the evaluation workshop created by Drs Lindsey Lane, Tai Lockspeiser and Jenny Soep.

NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS (Patient Care and Medical Knowledge)			
3 Please provide feedback in relation to this resident's overall performance in the categories of Patient Care and Medical Knowledge			
I observed an interaction between him and a patient's mother in which he demonstrated outstanding shared decision making and counseling. He was clear and concise and expressed an opinion of what should be done for the patient, but was also supportive and wanted to include the mother's opinion's/thoughts as well.			