Assessment and Evaluation Policy

Scope: All UW residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine.

Purpose: Establish UW GME expectations and highlight relevant ACGME Common Program Requirements (CPRs) required for robust program evaluation systems.

Policy: All UW GME programs must develop and implement a robust evaluation system that meets the minimum requirements of the ACGME as outlined in the Common Program Requirements (CPRs) as well as UWSOM’s expectations for 1) Resident/Fellow Evaluation and 2) Faculty Evaluation.

Resident/Fellow Evaluation\(^\d\): Resident/fellow performance assessment must include both Formative Evaluation [CPR V.A.2.] and Summative Evaluation [CPR V.A.3.].

Formative Evaluation/Assessment: Faculty must evaluate trainee performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment [CPR V.A.2.a)]. For programs that do not have defined rotations, formative written evaluations by faculty must be conducted and provided to trainees at least quarterly. Evaluations must be completed and stored using the MedHub Residency Management System. Storing evaluations in cloud based applications is not permitted. If it is necessary to transport evaluations electronically, you must use one of the UW Medicine approved cloud based applications. See UW Medicine policy - [https://security.uwmedicine.org/guidance/technical/cloud_computing/default.asp](https://security.uwmedicine.org/guidance/technical/cloud_computing/default.asp).

The formative evaluation process must be structured such that the program can provide reliable assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, based on the specialty-specific Milestones [CPR, V.A.2.b).(1)] and include the use of multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff) [CPR, V.A.2.b).(2)].

The program must use this formative evaluation to document progressive resident/fellow performance improvement appropriate to the educational level [CPR, V.A.2.b).(3)]. In addition, the program must provide each trainee with documented semiannual evaluation of performance with feedback [CPR, V.A.2.b).(4)]. The semiannual evaluation may be conducted by the program director or designee, and must be considered as a part of the advancement process in accordance with the program’s established advancement and promotion criteria.

Summative Evaluation: The program director must provide a summative evaluation for each resident/fellow upon successful completion of the specialty program expectations [CPR V.A.3.b]). This evaluation must become part of the trainee’s permanent record maintained by the institution, and must be accessible for review by the trainee in accordance with the UW GME Resident File Policy [CPR V.A.2.b] (1)].

\(^1\) Note: Although the terms evaluation and assessment are often used interchangeably in the education literature, assessment can be used to refer to measuring or gathering information about a resident’s competence or performance, and evaluation to making a judgment about competence or performance. Assessment is often used to describe formative measures, while evaluation generally describes higher stakes decisions at a point in time.
The final summative evaluation must document the trainee’s performance during the final period of education (i.e. the last six months of training) [CPR V.A.3.b.(2)] and verify that the trainee has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.3.b.(3)]. In addition, the specialty-specific Milestones must be used as one of the tools to ensure trainees are able to practice core professional activities without supervision upon completion of the program [CPR V.A.2.a].

The program director must appoint a Clinical Competency Committee (CCC), which is responsible for reviewing all resident/fellow evaluations semiannually, preparing and assuring the reporting of Milestone to the ACGME on a semiannual basis, and advising the program director of resident/fellow progress, including promotion, remediation and dismissal [CPR V.A.1]. The composition, roles and responsibilities of the CCC are described further in the Common Program Requirements [CPR V.A.1] and in the UW GME Clinical Competency Committee Policy. [LINK]

Faculty Evaluation: At least annually, the program director must evaluate faculty performance as it relates to the educational program [CPR V.B.1]. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program (demonstrated by active participation in and support of resident educational activities), clinical knowledge, professionalism, and scholarly activities [CPR V.B.2]. Finally, the evaluation must include at least annual written confidential evaluations by the trainees [CPR V.B.3].

Appendices: Resident/Fellow Evaluation Guidelines
Faculty Evaluation Guidelines
Resources
Resident/Fellow Evaluation Guidelines

The purpose of the following guidelines is to provide program directors background information and specific suggestions for implementing the expectations defined in the policy.

Formative Evaluation

Formative assessment, or assessment for learning, documents resident progressive development over time and informs the on-going learning process for the trainee, the faculty, the program director, and the institution. Assessment tools document this development and should be aligned with the published goals and objectives and the relevant specialty-specific milestones for each rotation/educational assignment, program clinical and procedural objectives, and, as applicable, to the specialty specific Entrustable Professional Activities (EPAs).

Goals of Formative Evaluation:
- Provide a transparent evaluation system based on the goals and objectives of each rotation or educational assignment, and on the published specialty-specific milestones.
- Maximize resident/fellow learning development through frequent, timely, meaningful feedback to provide multiple individual data points as evidence for promotional purposes.
- Support a learning environment that nurtures individual growth and development.
- Provide data to continuously improve the learning, teaching, curriculum, evaluation instruments, and program outcomes.

To meet these goals, programs are expected to use a multi-faceted approach with multiple instruments, evaluators, and observations. These instruments include direct observation assessments (for clinics, consults, procedures, and/or labs), end-of-rotation/shift/assignment evaluations, multi-source feedback, evaluations of presentations at conference, semi-annual meeting assessments, individual learning plan guides (ILP), portfolios and self-reflections on learning, in-house training exams, case/procedure logs, as well as other educational instruments that reflect the progress and performance expectations in the specialty area and within the ACGME competencies.

Case and Procedure Logs

As case and procedure logs record the number of cases or procedures performed, they document an aspect of training and practice that leads to competent performance in the medical, diagnostic, and surgical procedures essential for the area of practice. Considered in combination with direct observation assessments of procedures, the logs and evaluations of the procedures together provide evidence of competency.

Frequency of Documented Formative Assessment and Evaluation

A sufficient number and variety of documented assessments should be completed semiannually by a number of faculty and other members of the health care team and/or program to ensure reliable judgments can be made by the Clinical Competency Committee (CCC). Depending on the specialty area and the types of assessments, a general guide based on recommendations by experts follows (see end notes):

- Eleven (11) documented direct observation assessments a year at a minimum (e.g., a distribution of "Mini-CEX-like" assessments, direct observation of procedural skills assessments, in-patient consult assessments, others).¹
- One (1) Multi-Source Feedback round per year at a minimum. A round is defined as the collection of a number of assessment instruments throughout the year from individuals in direct contact with the trainee, including supervisors, peers, self, nurses, allied health professionals, and patients.
• A number of competency-based **end-of-rotation evaluations** (tailored to the rotation, shift, or assignment) at the completion of each rotation or educational assignment.

Or,

A minimum of four (4) **quarterly global assessments** if rotations are not the educational unit. (A best practice is to tailor ‘global’ assessments to the specific educational assignments experienced during the quarter.)

Program directors are responsible for ensuring that faculty complete resident assessment and evaluation forms in MedHub in a timely manner (within days of the end of the rotation/educational assignment or quarter).

**Rationale**

Frequent, documented workplace assessments provide a longitudinal record of individual progress to enable trainees to visualize their learning over time, and the assessor to similarly judge and provide evidence on the performance improvement of the learner. Providing frequent, specific, and timely verbal and written feedback to the learner supports an overall positive learning environment and reinforces an educational culture in which feedback for learning is the norm.

Evidence indicates that combinations of multiple assessment types, with multiple raters and multiple observations, provide reliable judgments of performance. Research supports the tenet that there is no perfect evaluation instrument, but that combining multiple instruments (such as those listed above), provides a feasible and reliable method for high-stakes judgments.1

In addition, it is assumed that faculty will provide pedagogically sound, frequent **verbal feedback**. Feedback — both written and verbal — should be directed toward observed specific behaviors, actions or skills, and should be timely (within hours or days). In addition, faculty are expected to be professionally consistent in their verbal and written evaluations—that is, if a faculty gives positive verbal feedback, the documented written feedback should reflect this positive feedback as well as other observations of performance.

Frequent formative assessment also enables programs to identify struggling residents earlier in their training. Weaker trainees will need more intensive guidance and support than those performing at a higher level. For those performing at a higher level, a comprehensive evaluation system such as this enables them to identify specific areas in which they can improve.

For programs with paper-based direct observation instruments, trainees can take responsibility for requesting faculty feedback and completion of their instruments. In this case, the paper forms are commonly provided to the trainees who then present the form to the faculty for completion, or request that faculty complete the evaluation forms on a daily, weekly, or bi-monthly basis, whichever requirement and frequency best fits the work and practice of the specialty area. The completed forms are then entered into MedHub.

**Semiannual Evaluation of Performance**

The program director (or designee) will meet semiannually with each resident to review all documented performance records, plans and evidence of scholarly activity (if applicable), case and procedure logs and other performance indicators, including the most recent CCC milestone report and an individual learning plan (ILP) generated by the CCC, if applicable.

During the semiannual meeting, trainees will be asked to reflect on their performance and progress, and make plans with the director (or designee) to address current and future training needs. Based on the collection of work (i.e. portfolio or dossier), evidence of experience and work accomplished, and the trainee’s individual learning plan (if available), the program director (or designee) will provide guidance and academic advice to enable the trainee to meet program performance expectations by re-setting learning and improvement goals (e.g., with individual learning plan (ILP)). These semiannual meetings
should provide the basis for trainees to develop self-evaluation skills and the foundations for life-long learning.

**Accessibility of Evaluations**

To provide transparency and fairness, all evaluation instruments must be distributed and explained to residents and fellows at the beginning of the training year, rotation, or educational experience (along with the relevant goals and objectives) and whenever there are revisions or changes to the evaluation instruments or processes. In addition, all completed, documented evaluations of resident performance must be accessible to trainees on MedHub or in their files.

**Faculty Development in Assessment**

In addition, faculty must be trained in the use of all assessment tools in order to achieve greater reliability and, ultimately, validity with the instruments. In-depth training sessions can be useful, along with shorter, continuous training on the appropriate use and interpretation of the forms. From ACGME Frequently Asked Questions about the Next Accreditation System: “Evaluation is a core faculty member competency, but most faculty members will need added training in the evaluation process.... They will initially need to discuss the milestone narratives and reach a common agreement of their meaning.”

**Summative Evaluation**

Program directors will provide a final summative evaluation, which includes documentation of performance during the final period of training (i.e. the last six months). This evaluation must indicate that each graduating trainee has demonstrated sufficient competence to enter practice without direct supervision.

From ACGME CPRs, [V.A.3.], on Summative Evaluation:

- “The specialty-specific milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.” (Core)
- “The program director must provide a summative evaluation for each resident upon completion of the program.” (Core)
- “This evaluation must:

  become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;” (Detail)
  document the resident’s performance during the final period of education, and;” (Detail)
  verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.” (Detail)

Summative evaluations must be completed within four weeks of completion of all training requirements. These documents must be stored in MedHub or in the resident’s or fellow’s permanent file, will be accessible to the trainee, and may vary in form by program.
Faculty Evaluation Guidelines

Faculty performance in the educational program can be assessed in a variety of ways, depending on the emphasis and expectations of the program. Most of the items listed below are required as a part of the ACGME Annual Program Update in ADS:

- Faculty clinical teaching abilities as reflected in evaluations from
  - Conference presentations and organized clinical discussions (e.g. M&Ms, Case Presentations, journal club)
  - Resident/fellow confidential assessments of individual faculty (minimum of 4 recommended)
  - Other assessments, variable by program, such as 360 degree assessments; peer assessments, rounding effectiveness, debrief assessments, mentoring/advising assessments

- Commitment to the educational program. Examples vary by program:
  - Participation in educational committees (e.g. CCC, Program Evaluation Committee, Curriculum Committee) or as a faculty advisor for a resident committee.
  - Participation as a faculty mentor for a resident.
  - Attendance and participation at educational program retreats, faculty meetings, and/or conferences.
  - Attentiveness to completing assessments of residents in a timely (within days) and thoughtful manner. [Percentage of faculty that complete written evaluations of residents within 2 weeks.]
  - Quality of comments on evaluation forms: The number of individualized, specific, behaviorally-based comments written to residents on assessment tools can be an indicator of faculty commitment to the educational program.
  - Readiness to support the program director and residents on projects (e.g. QI Projects, others)
  - Number of residents mentored and collaborating with in scholarly activity

- Scholarly activities: The Faculty Scholarly Activity Template in ADS must be updated annually. The annual reporting areas in the ADS template include:
  - Pub Med ID numbers
  - Number of conference presentations (abstracts, posters, and presentations)
  - Number of other presentations (such as grand rounds), materials developed, or work presented in non-peer review publications
  - Number of chapters or textbooks published
  - Number of grants with leadership
  - Leadership roles in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal
  - Teaching of formal courses: responsibility for seminar, conference series, course coordination for any didactic training.
References


Resources


UW Graduate Medical Education Intranet. (UW NetID required. Go to “Education and Training” and “Assessment and Evaluation System.”)