



## EVALUATIONS

**Evaluation - To evaluate the progress of each resident during his/her training and assist in achieving the goals and potential of each resident.**

### **The Evaluation of the Radiology Resident**

Radiology Residency Program evaluations are an essential tool for documenting the quality of rotations, the residents' experiences, and the faculties' observations for the Program Director.

The Evaluation is an ACGME Requirement of every Accredited Residency Program. It is a great tool for documentation of the quality of teaching and understanding of the Resident. The Evaluation allows freedom for the resident to express their feedback of the program as well as the teaching faculty. The Evaluation is a serious tool for education.

The Coordinator is responsible to make sure each resident has an Evaluation (either after every rotation, every six months) however your department policy states. The ACGME will review these during the site visit.

The Outcome: The Evaluation is a tool for assessing the Residents performance through their entire Residency. The Evaluation is used to give feedback to the resident as well as Program Director. This can be done either electronic or manually

### **Evaluation of Residents**

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
2. mechanisms for providing regular and timely performance feedback to residents
3. process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Programs that do not have a set of measures in place must develop a plan for improving their Evaluations and must demonstrate progress in implementing the plan.

The program must have formal mechanisms for monitoring and documenting each resident's acquisition of fundamental knowledge and clinical skills and his/her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic Evaluation of each resident must be maintained and must be available for review by the site visitor. Evaluations must include non-cognitive areas such

as interpersonal and communication skills, attitudes, and professional behavior, as well as moral and ethical characteristics.

Program Directors are required to keep accurate documentation of the general and subspecialty experience of each resident in the program and to submit this information to the RRC if it is requested. The exact nature of the general and subspecialty experiences of residents at other institutions and evaluation of their performance must be documented in the residents' files. It is essential that residents participate in existing national examinations. The annual In-Training Examination is one example of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the faculty to identify the cognitive strengths and weaknesses of individual residents and weaknesses in the teaching program and to develop remedial activity, if warranted.

The Program Director and faculty are responsible for provision of a written final Evaluation for each resident who completes the program. The Evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final Evaluation should be part of the resident's permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's Evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

### **Evaluation of Faculty**

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents participate in this evaluation in a confidential manner.

### **TYPES OF EVALUATIONS:**

#### **Electronic:**

Whether you use E-Value, New Innovation or any other program; you can run it on a timely basis with electronic reminders and e-mails that are pre-set in the program. This is a very efficient way and leaves less room for human error.

#### **Manual:**

This form of Evaluation requires a coordinator to be very organized and keep accurate documentation. It is essential to have the cooperation of the faculty/residents and their understanding of the importance of completion in a timely basis. Evaluations should contain the 6 competencies in the Evaluation form as shown on the following page. (*Jannette Collins, M.D. APCR*)

The program must have formal mechanisms for monitoring and documenting each resident's acquisition of fundamental knowledge and clinical skills and his or her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing or electronically at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program

should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

**RESIDENT EVALUATION**

Name of Resident \_\_\_\_\_

Rotation \_\_\_\_\_ Dates of Rotation \_\_\_\_\_

	Below competence (BC)	Competent (C)	Above competence (AC)
	BC	C	AC
<b>Patient care</b> ( <i>Residents should provide compassionate, appropriate, and effective care for health problems and should make efforts to promote health</i> )			
1. Develop a management plan based on radiologic findings and clinical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate proper technique in planning and performing image-guided procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical knowledge</b> ( <i>Residents should be knowledgeable, scholarly, and committed to lifetime learning</i> )			
3. Recognize and describe relevant radiologic abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Synthesize radiologic and clinical information and form an impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Utilize information technology to investigate clinical questions and for continuous self-learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal/communication skills</b> ( <i>Residents should communicate and teach effectively</i> )			
6. Show sensitivity to and communicate effectively with all members of the health care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriately obtain informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recognize, appropriately communicate, and document in the patient record urgent or unexpected radiologic findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Produce radiologic reports that are accurate, concise, and grammatically correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Effectively teach residents, medical students and other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Practice-based learning and improvement</b> ( <i>Residents should investigate and evaluate patient care practices, and appraise and assimilate scientific evidence in order to improve their practices</i> )			
11. Participate in QI (Quality improvement) / QA (quality assurance) activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognize and correct personal errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> ( <i>Residents should be altruistic and accountable, and adhere to principles of medical ethics by respecting and protecting patients' best interests</i> )			
13. Demonstrate a responsible work ethic with regard to conference attendance and work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Demonstrate acceptable personal demeanor and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>System-based practice</b> ( <i>Residents should understand healthcare practices</i> )			
15. Demonstrate knowledge of and apply appropriateness criteria and other cost-effective healthcare principles to professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall performance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments: (An overall impression of below competence (BC) or above competence (AC) requires narrative comment)*

Signature/s \_\_\_\_\_ Date \_\_\_\_\_

### C. Evaluation of the Program

The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program's effectiveness in achieving them, and the needs of the residents. At least one resident representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be addressed. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program. The residency program should have in place a process for using resident and performance assessment results together with other program Evaluation results to improve the residency program.

This Evaluation should include an assessment of the balance between the educational and service components of the residency. In addition, the utilization of the resources available to the

program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision of the residents should be evaluated. Written Evaluation by residents should be utilized in the process. As part of the Evaluation of the effectiveness of the program, the Director must monitor the performance by the program's graduates on the certifying examination of the American Board of Radiology. Information gained from the results should be used to improve the program.

### Different types of Evaluations

1. Resident Evaluation
2. Faculty Evaluation
3. Rotation Evaluation
4. 360 Evaluation
5. Confidential Evaluation
6. Chief Resident Evaluation of Residents

### Program Coordinator's Role

1. Monthly Evaluation Mailing
  - a. Attending
    - o Evaluate residents
  - b. Residents
    - o Evaluate faculty
2. Program Director Meeting with Residents
  - o Accreditation requires that all residents meet with their PD at least twice yearly, and Evaluation of reviews should be documented.
3. Evaluation Tracking
  - o Monitor the return of resident and faculty Evaluations.
  - o Provide residents, faculty, RRC Committee Members and Program Director access to Evaluations.
  - o File original evaluations in appropriate resident or faculty file.
4. RRC Committee Schedule monthly meeting
  - o Discuss Residents progress in the Residency Program

The Program Director and faculty are responsible for provision of a written final Evaluation for each resident who completes the program. The Evaluation must include a review of the resident's performance during the final period of training and should verify **that the resident has demonstrated sufficient professional ability to practice competently and independently.** This final evaluation should be part of the resident's permanent record that is maintained by the institution.

