



Evaluations



The residency program requires that staff complete evaluations of a resident's performance at the end of each rotation. The evaluation should describe how you met the goals and objectives of the rotation and how you performed during that time. To maximize the effectiveness of the evaluation system and offer more timely and constructive feedback, several things must happen:

Staff supervisors should:

- Review goals, objectives, and expectations at the **BEGINNING** of each rotation
- Provide **MID-ROTATION FEEDBACK** to give you a chance to work on any identified problem areas. Note, on inpatient rotations, Staff supervisors will provide feedback prior to rotating off their week of service.
- Review your performance with you at the **END OF THE ROTATION** so you leave the rotation knowing how you did.

Residents should:

- Ask your supervisor for a copy of goals and objectives at the **BEGINNING** of each rotation and ask him/her to outline expectations;
- Ask for **MID-ROTATION FEEDBACK**;
- Ask for feedback if it is not forthcoming.

The residency subscribes to the “360-degree” evaluations model. All aspects of the resident and the residency are routinely evaluated. The following are the evaluations collected during the year.

Residents

1. Attending Evaluation of the Resident (1 per block)
2. Nursing Feedback of the Resident (1 per block [Ward or Clinic only])
3. Peer Review of the Resident (On inpatient and clinic rotations only)
4. Patient Evaluation of the Resident (up to 5 per year)
5. Semi-Annual Review of the Resident (2 times per year; completed by advisor, associate program director or program director)
6. Observed Structured Clinical Exam (OSCE): 1 time during residency – during PGY1 year; simulated patient and telephone encounters)
7. Structured Clinical Observations (SCOs): (1 per clinic block)

Attendings/Fellows

1. Reverse Education Meeting (aggregate feedback compiled by residents once a month). All fellows and faculty must be evaluated at least once per year.
2. Faculty Evaluation Meeting (aggregate feedback compiled by residents once a month reviewed with the Faculty)

Rotation

1. Rotation Evaluations occur during Reverse Education Meeting (aggregate feedback compiled by residents once a month).

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Program

1. Resident Evaluation of the Program (annually)
2. ACGME Resident Survey (annually in Spring)

The residency uses MedHub for the evaluations process. The staff assigned to complete your evaluation will be emailed a link for the evaluation. Completed evaluations will be viewed by the Program Director and a hard copy will be placed in the resident's training folder.

The Program Coordinator will ensure that staff complete evaluations.

The GME office enforces a policy that interns are not allowed to graduate unless there are at least 11 evaluations (out of 13) at the end of the year.

An equally important part of the evaluation process is feedback from YOU about your rotations. Not only are rotation evaluations required by the RRC, but many of the changes we have implemented in the program for this year were based on comments, observations, critiques, and suggestions from residents at all levels.

All evaluations are treated confidentially, so you should feel comfortable about being honest. The Reverse Education Meeting is a resident-only forum where resident feedback for faculty can be aggregated to ensure even more confidentiality. If there were items that you are reluctant to commit to during this meeting, we would encourage you to discuss them with your advisor, the Chief Resident, the Associate Program Directors, the Program Director or any other faculty member. Your input is important and makes a tremendous difference to the success of the program.