

## PROCESSES FOR EVALUATION OF RESIDENTS

The program uses a system of Formative and Summative evaluations that are described below. Formative and summative evaluation have distinct definitions.

**Formative evaluation** is monitoring resident learning and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help: residents identify their strengths and weaknesses and target areas that need work; program directors and faculty members recognize where residents are struggling and address problems immediately.

**Summative evaluation** is evaluating a resident's learning by comparing the residents against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

There are multiple levels of evaluation, which serve to assess a resident's progress through the program and attainment of specific ACGME Competencies. The evaluation scheme and tools are summarized below. Some of these are available through the New Innovations on-line tool and others are provided as paper documents that are later summarized. Evaluations are available in the resident office and on-line for review at any time after completion. For instructions on how to obtain access, please contact the Program Coordinator at (210) 567-5644.

UTHSCSA Department of Urology Evaluation <b>Frequency</b> Schema					
<b>Evaluators</b>	PD	Faculty	Residents	Ancillary Staff	Patients
<b>Evaluatees</b>					
PD		annual	annual	n/a	n/a
Program		annual	annual	n/a	n/a
Faculty	annual	annual	rotational	n/a	n/a
Rotations	annual	annual	rotational	n/a	n/a
Institutions	annual	annual	rotational	n/a	n/a
Residents	semi-annual	rotational	rotational	rotational	Rotational
Evaluation Tools:					
Faculty	Specific forms for: Resident rotation, 360, OPE, Op Performance, GPE				
Residents	Specific forms for:				

	Faculty performance, Resident cohort, self(overall), self (Op Performance), rotation, institutional, PD and Program
Ancillary staff	Staff 360
Patient	Patient 360

### **360 Degree Evaluations:**

Residents in the Urology program are evaluated in a 360-degree method. Meaning they are not only evaluated by the program but also by the staff with whom they work, their peers and their patients - essentially, everyone around them.

This is perhaps the longest of the four evaluations and is CONFIDENTIAL. The anonymous 360-degree team includes nurses, administrative staff and other specialty faculty who interact with the resident at each training site. They are selected each year by the Program Coordinator and asked to complete an overall evaluation of each resident per rotation. This form is completed by any person in the resident's sphere of influence and usually includes other physicians, nurses, clerical and ancillary staff. This tool assesses two competencies, Professionalism and Interpersonal & Communication Skills.

### **Observed Patient Encounter (OPE) Evaluations:**

Observed Patient Encounter forms are completed on each resident by their respective attending staff in clinic up to twice per week on each rotation. This tool is used to assess an encounter between a resident and patient in the outpatient clinic setting.

### **Operative Performance Evaluations:**

Operative Performance Evaluation forms are completed on each resident by their attending OR staff at least weekly during the rotations. Residents and staff are provided with copies of the form and encouraged to complete them after as many cases as possible. The post-operative debriefing allows immediate constructive feed-back and earlier improvement of skills. This tool is used to assess resident performance in specific urologic surgical cases. It is completed by faculty at the completion of Urology "index" cases and is a measure of surgical proficiency. A new digital evaluation tool (URO-SAT) is available that allows the resident to do a self-evaluation followed by a faculty evaluation. Comparison of these will be instrumental in allowing a more focused approach to teaching surgical skills.

### **Global Competency Evaluation (GPE):**

This evaluation form is completed at the end of every rotation by the site supervisor or the faculty member with the most interaction with the resident while on service. This tool is used to assess resident performance in all six competencies will be completed by clinical faculty. In response to specific questions, residents are rated on a nine-point scale for each.

### **End of Year Evaluations:**

At the end of the academic year the residents are asked to complete a final self-evaluation to be compared to the previous years. This evaluation allows the residents and Program Director to know if the residents are progressing at an appropriate rate.

All evaluations are retained in the residency office for the resident to review at their leisure. The confidential evaluations are kept in a secure location at all times and are put into summary format for their review at the bi-annual program evaluation and individualized learning plan (ILP) meetings with the program director. The compilation of confidential evaluations is then kept in the resident portfolio.

**Milestones:**

The Urology milestones represent the major summative evaluation tool to compare this program's performance in resident progression to national standards. The milestone report is sent to ACGME semiannually.

As can be seen by the evaluation scheme above, every aspect of the program is under evaluation to allow constant opportunities for improvement. A progress report on the residency by the PD is presented to the faculty at monthly departmental meetings. Additionally, the faculty meets at least annually in a departmental retreat to reassess and change the program as needed for optimal training experience.