

Developing an Assessment System

Facilitator's Guide

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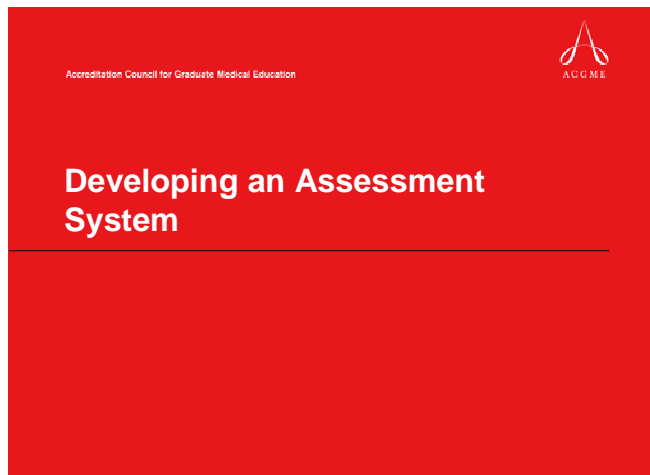
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Slide 1



Speaker Notes

This PowerPoint presentation, *Developing an Assessment System*, covers basic information on assessment, key considerations for selecting assessment instruments, a definition of an assessment system, and tips for implementing different types of assessment methods.

Taking on a new challenge like assessing the educational outcomes of the competencies is a daunting task. Historically, residents have been assessed by clinical performance ratings also known as an “end of rotation” evaluation tool. These tools used Likert scales with response options ranging from 1-5, or in some cases 1-9. Faculty would assess a resident’s skills by selecting a response option that reflected the resident’s ability across each relevant domain. There was little consensus among faculty about what a “2” or a “5” meant. The lack of behavioral anchors made rating residents difficult, and caused ambiguity about what they were expected to gain from a particular experience or what they needed to do to improve. Yet this one tool, possibly in combination with in-training scores, was used to determine whether a resident should be promoted or graduate.

The Outcome Project focuses on measuring a resident’s performance in multiple domains (competencies) using standard educational assessment practices. Assessment has become more than just “passing a rotation.” Multiple assessment methods and multiple raters ensure a variety of perspectives about the resident’s performance that are included in the final evaluation of competence; thus decisions regarding promotion and graduation can be made with certainty.

Some Program Directors feel that the end of rotation evaluation tool is fine; why bother with all these other assessments? Multiple assessment methods and multiple perspectives, however, provide rich data that support a resident’s ability (or inability) to perform as a medical practitioner upon graduation.

The assessment system discussed here includes six basic methods:

1. Global Clinical Performance Ratings
2. Focused Observation
3. 360° Evaluations
4. Case logs
5. Cognitive evaluation (In-training exams)
6. Portfolios

You may be using other types of assessment tools, such as OSCEs, simulation, or evaluation of a resident's presentations during didactic lectures or journal clubs. These types of tools may be incorporated into the resident's portfolio, and should be continued.

Using an assessment system to measure professional performance is very similar to making a complex or challenging diagnosis. When a physician is caring for a "hard to diagnose" patient, a number of "assessments" are done. For example:

- Detailed History and Physical
- Lab studies
- Imaging studies
- Procedures to rule in or out a particular diagnosis
- Tissue exam studies
- Consultation with specialists

This "assessment" of the patient uses multiple sources of information or assessment methods, and may involve input from experts (e.g., a Radiologist, Pathologist, or other specialist) to form a diagnosis. Similarly, Program Directors and faculty are asked to "diagnose" whether a resident is competent to be promoted or to practice independently upon graduation. Accurate determination of this "diagnosis" requires multiple observations and methods of assessment— just as in making a diagnosis of a complex or challenging patient.

Discussion Question:

Discuss the link between assessing patients and assessing residents. How does use of the following strategies help you to "diagnose" a resident's competency?

- Multiple assessment methods
- Multiple perspectives
- Multiple observations of the resident's performance

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Objectives

- Identify components of an assessment system
- Identify important criteria for an assessment system
- Identify a set of assessment tools for use in your program

Speaker Notes

These are the objectives for this presentation.

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Why assess?

Whatever we measure, we tend to improve

D. Leach

Speaker Notes

“Whatever we measure, we tend to improve,” said Dr. David Leach in describing the rationale behind the Outcome Project. By developing assessment systems to measure a resident’s competency in the six domains, we will improve the education of physicians and, by extension, improve patient care. Accurate assessment of a resident’s performance provides information about whether a resident is able to be promoted or practice independently; it also helps to identify gaps in educational programming.

Slide 4



Purpose of Assessment

- Did the resident achieve the objectives for that educational experience?
- What knowledge, skills or attitudes does the resident need to work on?
- How might the residency program use aggregate performance data to improve education?
- Assessment results can provide formative and summative feedback to residents

Speaker Notes

An assessment tool is designed to answer the following four questions:

- Did the resident achieve the objectives for the educational experience?
- What knowledge, skills, or attitudes does the resident need to acquire or improve?
- How can a residency program use aggregate performance data to improve education?
- Can the assessment results provide formative and summative feedback to the resident?

Did the resident achieve the objectives for the educational experience?

The objectives (reflecting the six competency domains) of a rotation or other educational experience provide guidelines and a framework for what the resident is expected to know or do by the end of that experience. Assessment results provide evidence that the resident has acquired skills in the six core competency areas.

What knowledge, skills, or attitudes does the resident need to acquire or improve?

Assessment results identify the knowledge, skills, or attitudes that the resident needs to still acquire or improve. By providing constructive feedback, the faculty can guide the resident in implementing strategies that will lead to performance improvement.

How might the residency program use aggregate performance data to improve education?

Program Directors and faculty can analyze how residents performed as a group on a specific rotation, and identify those areas where the group (of residents) had difficulty acquiring specific knowledge, skills, or attitudes.

- Example: In reviewing all “end of rotation” evaluations on residents completing a cardiology rotation, faculty determine that residents, as a group, are rated low by the cardiologists on their understanding of basic cardiac disease principles. This insight might trigger the program to add didactic lectures or other experiences that enrich the residents’ understanding of the pathophysiology of cardiac disease.

Assessment results can provide formative and summative feedback to residents.

Assessment results provide feedback to both the resident and faculty that the resident is making expected progress in achieving the knowledge, skills, and attitudes outlined by the objectives.

Formative assessment refers to an assessment method whose primary purpose is to provide feedback to the resident in order to improve knowledge or skills.

Summative assessments review performance, and are typically used to:

- make a statement about whether a resident has mastered specific competencies;
- identify skills needing attention; and
- identify opportunities for program improvement.

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Fundamentals of Assessment

- ❑ Reliability
 - Consistency of scores on the assessment tool
- ❑ Validity
 - The assessment tool measures what it says it measures

Speaker Notes

Assessment results may be misleading and not useful for decision-making if the assessment tools are not reliable and valid.

Reliability of an assessment tool answers the following question: Does the assessment tool used in your program provide a dependable and consistent picture of a resident's performance?

Reliability refers to the extent to which assessment results are consistent. Likewise, instruments such as clinical performance ratings and in-training exams should be reliable. The resident's performance on these instruments should be consistent from one rater to the next or from one time to the next.

Validity is a property of an assessment tool that assures the fact that the assessment tool measures what it intends to measure. Even if a test is reliable, it may not provide a valid measure. It is important that assessment tools accurately reflect a resident's performance on a particular rotation or specific task. For example, does the checklist completed at the end of an OSCE accurately measure the resident's ability to deliver bad news? Does the clinical performance rating (end of rotation) tool accurately capture the resident's performance on that rotation?

Discussion Questions:

- Looking at the tools you currently use to measure a resident's performance, are you confident that you are getting an accurate picture of the resident's ability to perform in the six competency domains?
- If not, what tool might you add?
- Does a tool need to be changed to more accurately capture a resident's performance?

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Fundamentals of Assessment (con't)

- ❑ Feasibility
 - Is this tool practical to implement?
- ❑ Value of information
 - Is the information obtained valuable in determining a resident's competence or implementing curricular change?

Speaker Notes

The assessment tool you select should be practical in your residency program. In addition, it is important to determine if the assessment tool adds valuable information about a resident's performance, and assists in making promotion and graduation decisions.

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Key Learning Points

Assessment tools should be:

- Reliable
- Valid
- Feasible
- Provide valuable information

Speaker Notes

The four points above summarize the important criteria of assessment tools that you should be using in your program.

It is important to understand these key learning points. Assessment tools need to be reliable and valid in order to provide a dependable and accurate measure of resident performance. By familiarizing yourself with concepts of reliability and validity, you will realize assessment tools are not infallible. By using multiple observers, behavioral anchors, and multiple tools, you can increase the accuracy of promotion and graduation decisions.

We do not expect you to calculate reliability and validity for your tools!

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What is an assessment system?

An assessment system:

- Is a collection of assessment tools that measure a resident's performance
- Defines who the evaluators are
- Describes what performance will be evaluated
- Indicates how often the evaluation occurs

Speaker Notes

When you think of developing an assessment system, consider the four criteria of an assessment system:

- Collection of assessment tools that measure a resident's entire performance;
- Definition of who the evaluators are;
- Description of the performance to be evaluated; and
- Indication of the frequency of the evaluation.

Most RRCs do not have specific requirements for assessment. This example does not present RRC requirements.

The example below presents a grid that will help you outline your current assessment system. As you go through the module, you may wish to consider adding assessment tools to form a core assessment system.

Tool	Who evaluates?	How are the evaluators trained?	What performance is evaluated?	How often does this evaluation occur?
Clinical Performance Rating	Faculty	Faculty set behavioral anchors; review meaning of numerical ratings	All 6 competencies	Once a month
360°/Multi-rater	Nurses, peers, ancillary personnel		Interpersonal and Communication Skills; Professionalism	Once a year
Focused observation	Faculty	Faculty discuss focused observation tool and have criteria for rating the resident	Procedural knowledge All 6 competencies	Quarterly

Portfolio	Faculty mentor Program Director	Faculty decide criteria for portfolio entries	All 6 competencies	To be determined
Case logs	Program Directors	NA	Medical Knowledge, Patient Care	Semi-annual meeting with PD
Cognitive evaluation	Program Director	N/A	Medical Knowledge, Patient Care	Semi-annual meeting with PD

Faculty Discussion:

Print off Appendix A, entitled “Assessment Grid,” and engage faculty in completing it as they work through this lecture. Write in all the assessment methods you are currently using. (An assessment method refers to a way of doing the assessment, whereas an assessment tool refers to an actual tool.) Some of the spaces have been completed with common assessment methods. We will be covering some assessment methods, such as a 360°/multi-rater evaluation and a focused observation method, as we go through the module. It helps to identify who the evaluators are, how often the assessment occurs, and what performance should be evaluated. Engage faculty in a discussion of which assessment method(s) they might wish to add, and discuss methods for implementation. Do the assessment methods drive program improvement? Share this grid with your faculty and residents.

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Important criteria for an assessment system

1. Representative educational objectives
2. Educational objectives match assessment
3. Use multiple assessment methods

Speaker Notes

Representative educational objectives – objectives for the educational experience represent a good sample of the important topics to be learned.

Educational objectives match assessment – there should be a clear parallel between what is taught and what is assessed.

Complex skill-sets and the delivery of medical care are unlikely to be accurately measured by a single assessment tool. **Multiple assessment tools** or approaches provide a broader perspective of the resident's performance in multiple situations and conditions. The multiple perspectives, gained from having a focused observation tool, 360° evaluation, portfolio, and clinical performance rating tool, provide rich data for determining whether a resident is competent to practice independently upon graduation.

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Important Criteria for an Assessment System

4. Use multiple evaluators
5. Obtain multiple observations
6. Fair

Speaker Notes

Use multiple evaluators– Improves the reliability of the assessment tool.

Obtain multiple observations – Improves the reliability of the assessment tool.

Fair – All individuals should have the same or equal opportunity to perform.

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A Core Assessment System*

Method	Competency
Global Clinical Performance Ratings	All competencies
Focused Evaluation <ul style="list-style-type: none">- Observation of Patient Encounter	All competencies

* These assessment methods reflect the current thinking of the ACGME

Speaker Notes

These assessment methods should form part of your assessment system.

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A Core Assessment System (con't)

Method

Multi-rater/360-degree
Evaluation

Performance on
Cognitive Test (In
Training Exam)

Competency

Interpersonal and
Communication Skills
Professionalism

Medical Knowledge

Speaker Notes

These assessment methods should form part of your assessment system.

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A Core Assessment System (con't)

Method	Competency
Case Logs or similar data	Patient Care
Portfolio	All 6 competencies

Speaker Notes

To fully measure the breadth of your resident's abilities, you will need a wide range of checks and balances. The methods listed below will help you accomplish this, as well as form a solid core for your assessment system:

- Global Clinical Performance Ratings
- Focused evaluation/observation
- Multi-rater/360 degree Evaluation
- Cognitive evaluation
- Case logs
- Portfolio

Many of you use other types of assessment methods, such as simulations or OSCEs, which add depth and richness to your assessment system. Integrating your current assessment methods with the core assessment methods can enhance your ability to make well-informed decisions about the skill level and progress of each of your residents. Examples of these tools can be found on our website:

<http://www.acgme.org/outcome/assess/compList.asp>

Let's take a closer look at each of these assessment methods. Example tools will be provided.

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Global Clinical Performance Ratings

- ❑ Often referred to as “end of rotation” evaluation tool

Speaker Notes

Most likely, you have an “end of rotation” evaluation tool already in place. This tool should provide information on the resident’s performance for that rotation, as well as information about the resident’s performance in the six competency domains.

Discussion Question

Look at your current “end of rotation” evaluation tool. Discuss with the faculty whether this tool accurately captures information about the resident’s performance on the rotation. Does the tool capture information on the resident’s performance in the six competency domains? Are there questions you might add or subtract from the tool to provide a more complete picture of the resident performance?

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Global Clinical Performance Ratings “End of rotation” Evaluation Method

- Add behavioral anchors to your tool
 - Behaviorally based descriptions of performance
 - Provides rating criteria for evaluators to determine rating
 - Enhances reliability of the tool

Speaker Notes

Most of you are using global “end of rotation” evaluation tools. In order to increase the reliability and value of the information these provide, add behavioral anchors to the tool.

Behavioral anchors are brief behavioral descriptions of the numerical ratings. Let’s look at an example:

The resident gathers essential and accurate information using appropriate history.

Fail	Needs to Improve	Satisfactory	Above Expectations	Excellent
1 Poorly-organized history.	2 Misses important details in history.	3 Covers essential details to construct differential diagnosis.	4 Covers essential details for diagnosis; explores psychosocial issues.	5 Covers essential details for diagnosis; history-taking well focused; explores psychosocial issues; well paced.

How to set behavioral anchors:

During an Education meeting, invite faculty to define the two endpoints on your scale in behaviorally- specific ways. You will notice faculty have different ideas about what constitutes a score of 3 or a 5. Encourage them to come to some consensus about what each number rating means. This exercise will give you and faculty members the opportunity to discuss your rating scale, as well as what ratings mean in a more significant way.

The middle point may be difficult to define behaviorally. Some faculty may see the midpoint as an “average” resident, while others may see the midpoint as achievement of competence. Determining what the midpoint “means” is important because it will help faculty align their ratings more accurately, achieve consensus, and create a verbal description of what a score of 3 really means. By doing this, you will increase the reliability of your tool.

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Focused Observation Methods – Patient Encounter/Procedural Skill

Observation of Patient Care Encounter
SEGUE

Observation of Procedural Skill
OSATS

Speaker Notes

Focused Observation Tools

The Focused Observation method requires direct observation of a resident-patient encounter and concurrent written evaluation. Evaluation of Interpersonal and Communication Skills, by using the SEGUE or a similar tool, can occur by having faculty or others observe live or videotaped resident-patient encounters in typical patient care settings, followed by assessment and feedback using an instrument developed especially for communication skills. Alternatively, a standardized patient could evaluate the resident and provide feedback. Direct observation of procedural skills can be assessed using the OSATS (Objective Structured Assessment of Technical Skills) or a similar tool while the resident is completing a surgical procedure.

Suggestions for using focused observation:

- Train faculty to use the instrument;
- Observe resident's core skills early in the educational program to identify skills that need improvement, and then later to gauge improvement; and
- Conduct observations involving many types of patients (e.g., old vs. young, different communication scenarios, differential diagnosis).

Benefits:

- Communication skill rating forms or checklists direct an observer's attention to important communication skills that need to be evaluated;
- Improvements can be tracked; and
- Facilitates the provision of immediate feedback to a resident, based on his or her actual behavior (rather than global impressions).

Disadvantages:

- Conducting direct observation may be inconvenient or too time consuming for faculty;
- Faculty must be trained to use the evaluation tools; and
- It may be difficult to track improvement unless an electronic system is used.

Implementation

- Remember that not every skill needs to be evaluated in every setting. Undertake focused observations in settings where the resident's skills can be most efficiently and effectively evaluated (e.g., observation of procedural skills in the E.D or counseling in the continuity clinic).
- Discuss the setting where the observations will be made; that is, look for settings where there may be a high faculty : learner ratio, or where residents and faculty have more time
- Discuss settings where faculty already are engaged in direct observation. Determine how you can document the observation, such as by developing your own checklist.
- Discuss the use of assessment information in formative and summative feedback to the resident (mentor meetings, semi-annual meeting with PD).
- Implementing direct observation tools in a busy ambulatory or surgery setting is likely to be challenging and may significantly delay patient care activities. On days residents are to be observed, make sure there is adequate precepting coverage, and adjust the resident's schedule to take into account the increased amount of time spent with the patient.

Sample evaluation tools can be found on the ACGME website:

SEGUE

http://www.acgme.org/outcome/downloads/IandC_11.pdf

OSATS

http://www.acgme.org/outcome/downloads/6_ptcare.pdf

Examples from the field:

http://www.acgme.org/outcome/assess/asses_residentPerf.pdf

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Multi-rater(360°) Evaluation

- ❑ Evaluation of resident by multiple individuals such as self, peers, nurses, technicians, allied health professionals, and patients
- ❑ Provides multiple perspectives of resident's performance
- ❑ Provides opportunity for residents to improve self-assessment skills

Speaker Notes

Multi-rater (360°) evaluations provide multiple perspectives on various aspects of the resident's performance. For residents, Multi-rater (360°) assessment might entail evaluation by attendings, other residents, medical students, nurses, ancillary staff, clerical/administrative support staff, and patients. Self-evaluation is an important part of the Multi-Rater (360°) assessment.

The Multi-Rater (360°) assessment tool from the Urology Resident Evaluation System (developed by the ACGME) is provided. (See Appendix B)

Suggestions for a Multi-Rater (360°) Assessment:

- Ask members of the healthcare team (nurses, technicians, and allied health professionals, resident peers) to complete a Multi-Rater (360°) evaluation to take a current snapshot of a resident's performance.
- Collect Multi-Rater (360°) assessment data, and give residents aggregate feedback at the semiannual Program Director meeting. (This helps protect the anonymity of the raters.)
- Use an electronic database to manage the information.
- Include a resident self-evaluation to compare the resident's self-perception of his or her skills with that of other evaluators.
- Allow the resident to distribute evaluations to patients, but provide a mechanism of direct return to the Program Coordinator.

Benefits:

- Multiple perspectives on resident abilities can be obtained.
- Ratings from multiple evaluators can help increase data validity and reliability.
- Residents' ability to accurately self-assess may improve through comparison of self- and other assessments.

Disadvantages:

- You may need a large number of evaluators to obtain a stable estimate of performance.
- Managing the assessments and compiling the results may be burdensome unless an electronic system is used.
- This assessment can increase cost.
- All raters must be trained to use the tool.

Implementation Tips:

- Discussion should be ongoing as to how and where 360° data would best be collected. Some programs have found it easiest to collect this data on a specific rotation or setting, while others have found it easiest to collect the data at a specific time of year.
- Discuss how the data will be used. If you receive negative comments about a resident, how will you validate and use the information during summative evaluation?
- Discuss the individuals you wish to complete the evaluation form. Are there nurses or ancillary personnel who routinely work with the resident who would provide helpful information?
- If you do not have an electronic database, consider making one in a software program such as Excel; this will make collating data easier; also consider using scantron technology to score the 360's.
- Determine who is responsible for distributing, collecting, and tracking completion.
- Provide easy mechanisms of return for patients/families (clearly marked "Drop Box" in various settings and/or self-addressed, stamped envelopes).
- Identify what barriers you foresee in your program regarding implementation.
- Start small and increase frequency.

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Case Logs

- ❑ Provides documentation of the breadth of clinical and operative experience
- ❑ May be necessary for future credentialing in some specialties

Speaker Notes

Many specialties use case logs to document a resident's experience in a variety of procedures and patient care experiences (e.g., number of cases/diagnosis). Patient case logs can also be used to prompt reflection on one's practice, identifying gaps in needed areas of clinical exposure. Case logs may also be used for future credentialing.

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Cognitive Tests

- In-training exams
- Multiple choice quizzes
- Board scores

Speaker Notes

Cognitive tests, such as in-training exams or multiple-choice quizzes, are another component of an assessment system. Cognitive tests are primarily used to assess Medical Knowledge and, in some situations, Practice-based Learning and Improvement and Systems Based Practice.

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Learning Portfolio

A collection of materials that represents the resident's efforts, progress and achievements in multiple areas of the curriculum

Speaker Notes

A learning portfolio is a collection of materials that represents a resident's efforts in multiple areas of the curriculum. The purpose of a learning portfolio is to improve ability.

Key components of a learning portfolio include:

- Self-assessment and goal setting;
- Mentored observation and feedback;
- Works in progress with formative feedback;
- Self reflection on work; and
- Final materials documenting achievement.

Fundamentals of portfolios:

- Provides a mechanism for integrating the six domains of competence into developing competence as a physician;
- Promotes reflection and self-assessment on the essential skills of a competent physician (and requires active and ongoing mentoring; ability to reflect is a skill, and may need to be taught to some individuals);
- Facilitates a learner-centered curriculum design/implementation (a focus on resident outcomes), in contrast to the traditional teacher-centered curriculum design/implementation (a focus on instructional activity);
- Enables a holistic evaluation approach (the evaluation of the collected evidence provides a 'picture' of the whole individual and enhances reliability), rather than a reductionist approach (where each item of evidence evaluated individually provides only a snapshot of proficiency);
- Because the nature of portfolio evidence is variable and not exclusively numerical, qualitative criteria for credibility and dependability (i.e. believable and supported by

evidence) are more appropriate for summative evaluation of portfolios than traditional psychometric criteria for validity and reliability. Strategies for realizing these criteria are: combining different information sources and looking to see if they are consistent with each other; involving the same set (or at least one) faculty in assessing portfolio materials over a prolonged period of time; and discussing portfolio materials with the resident to check your interpretation against the resident's understanding.

Evaluative components of portfolios:

- Portfolios must reflect the expected resident outcomes in the curriculum; both the resident and faculty must know and understand the expected outcomes and the forms of portfolio evidence needed to demonstrate progress and achievement.
- For resident reflection to be successful, the resident must be able to clearly state his or her thought and reasoning process. He or she must be able to self monitor his or her progress, as well as state how the final materials demonstrate achievement of the criteria for components. This provides faculty evaluators with insight into the resident's developmental growth as a competent physician.
- Portfolio materials used for summative evaluation must have criteria for acceptable completion and be clearly identified as material that will be used to make promotion or graduation decisions. These materials become part of the permanent file.
- Portfolio materials used for formative evaluation require criteria for acceptable completion as well, but are not used for promotion or graduation decisions. These materials are not included in the permanent file.
- Portfolio materials should be gathered over the course of training so there is adequate time for remediation, and so that developmental growth in knowledge, attitudes, and abilities can be demonstrated.

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Feedback

- Formative Assessment
- Summative Assessment

Speaker Notes

Formative assessment refers to an assessment method whose primary purpose is to provide feedback to the resident in order to improve knowledge, skills, behaviors, or attitudes. For example, having weekly quizzes is an example of formative assessment. At the midpoint of a particular rotation, a faculty member might meet with the resident and discuss progress on the rotational objectives. Feedback is given to the resident to help the resident focus on areas for improvement. In both cases, the goal of the assessment is to provide feedback to shape learning.

Summative assessments review performance, and are typically used to:

- make a statement about whether a resident has mastered specific competencies;
- identify skills in need of improvement; and
- identify opportunities for program improvement.

An example of a summative assessment might be the grade given at the end of a course or at the bi-annual meeting with the Program Director, where all performance is reviewed and decisions related to graduation, promotion, or remediation are made.

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Acknowledgements

- ❑ This work is derived from the assessment system frameworks and content on assessment tool features and use originally developed by Susan Swing, Ph.D. in conjunction with the ACGME Outcome Project Advisory Group (Paul Batalden, M.D., Chair) and Deirdre Lynch, Rh.D.

Appendix A

Assessment System Grid

Tool	Who evaluates?	How are the evaluators trained?	What performance is evaluated?	How often does this evaluation occur?
Clinical Performance Rating	Faculty	Faculty set behavioral anchors; review meaning of numerical ratings	All 6 competencies	
360°/Multi-rater	Nurses, peers, ancillary personnel, patient and their families		Interpersonal and Communication Skills; Professionalism	
Focused observation	Faculty	Faculty discuss focused observation tool and have criteria for rating the resident	Procedural knowledge All 6 competencies	
Portfolio	Program Director Faculty		Learning products such as case logs, evaluations, narrative on self reflection	
Case logs	Program Director Faculty	N/A	Clinical and operative experience Patient Care, Medical Knowledge	
Cognitive evaluation	In-training exam	N/A	Patient Care, Medical Knowledge	

Tools	Who evaluates?	How are evaluators trained?	What performance is evaluated?	How often does this evaluation occur?

Appendix B Urology 360^o Rating Form

Resident: _____ Rotation: _____ Staff: _____

_____ Date: _____

For each item, circle the number that corresponds with how characteristic the behavior is of the resident you are evaluating.

PROFESSIONALISM (1-10), INTERPERSONAL & COMMUNICATION SKILLS (11-20)	Not at all Characteristic		3	Highly Characteristic		Don't Know
1. Follows through on tasks he/she agreed to perform.	1	2	3	4	5	DK
2. Responds to requests, including pages, in a helpful and prompt manner.	1	2	3	4	5	DK
3. Knows the limits of his/her abilities, and asks for help when needed.	1	2	3	4	5	DK
4. Takes responsibility for actions, admits mistakes, and does not blame others.	1	2	3	4	5	DK
5. Makes patient care and well-being a priority.	1	2	3	4	5	DK
6. Provides equitable care regardless of patient culture and socioeconomic status.	1	2	3	4	5	DK
7. Is willing to act on feedback or other information to improve patient care.	1	2	3	4	5	DK
8. Maintains respectful demeanor in demanding and stressful situations.	1	2	3	4	5	DK
9. Is honest in interactions with others.	1	2	3	4	5	DK
10. Takes on extra responsibilities when the need arises.	1	2	3	4	5	DK
11. Easily establishes rapport with patients and their families.	1	2	3	4	5	DK
12. Is respectful and considerate in interactions with patients.	1	2	3	4	5	DK
13. Responds to patients' needs, feelings, or wishes.	1	2	3	4	5	DK
14. Uses non-technical language when explaining and counseling.	1	2	3	4	5	DK
15. Spends adequate amount of time with patients.	1	2	3	4	5	DK
16. Is willing to answer questions and provide explanations.	1	2	3	4	5	DK
17. Is courteous to and considerate of nurses and other staff.	1	2	3	4	5	DK
18. Discusses patient issues clearly with staff and faculty.	1	2	3	4	5	DK
19. Listens to and considers what others have to say about relevant issues	1	2	3	4	5	DK
20. Maintains complete and legible medical records.	1	2	3	4	5	DK

SECURE WORKING GROUP, 2004