

V. Evaluation
A. Resident Evaluation
1. Formative Evaluation

Common Program Requirement:

1. *Formative Evaluation*
- a. *The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.*
 - b. *The program must:*
 - (1) *provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;*
 - (2) *use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);*
 - (3) *document progressive resident performance improvement appropriate to educational level; and*
 - (4) *provide each resident with documented semiannual evaluation of performance with feedback.*
 - c. *The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.*

Explanation:

Formative evaluation or assessment¹ includes both informal ‘on-the-spot’ feedback² and feedback based on the planned collection of information using assessment forms. Written formative assessment provides a mechanism through which programs can document progressive resident performance improvement. Self-assessment is an important component of formative assessment, both to compare with data from other evaluators and also to develop this important lifelong learning skill.

The primary purpose of formative assessment is to help residents recognize a learning gap (e.g., knowledge, skills, behaviors). It should help residents answer their fundamental questions: Where am I now? Where am I going? How do I get where I am going? How will I know when I get there? Am I on the right track for getting there? Formative assessment is ‘successful’ if it leads the resident to proactively close the gap, thus also building lifelong learning skills. This is less likely to occur if the formative

¹ The terms “evaluation” and “assessment” are often used interchangeably. “Evaluation” is more often applied to curricula and programs, while “assessment” is applied almost always only to learners. Some reserve the term “evaluation” for summative (end-of-learning period or high stakes) decisions, while using the term “assessment” only for formative purposes. For this document, the terms are assumed to be interchangeable and the reader should focus on the distinction between formative and summative.

² Feedback: Communication of responses and reactions with the aim of enabling improvements to be made.

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assessment data are given to residents without discussion of what the data mean and without inviting the resident to plan strategies to improve (often called an ‘independent learning plan’).

Formative assessment is also an effective way to identify the need for formal remediation as it provides a ‘developmental history’ of the resident’s work, efforts, responses to feedback, and outcomes. Remediation then becomes a process that partners the program director or faculty advisor and resident in planning, implementing and evaluating the remediation. (See CPR IV.A.5.e.) Thus, ongoing discussions between residents and teaching faculty about the meaning of formative assessments may be part of the assessment system.

Programs need to demonstrate planning for and use of an **assessment system** that includes both formative and summative evaluations and identifies the methods used to assess each competency domain and who the evaluators are for each. Effective assessment systems are based on a few core principles: assessment based on identified learning objectives/outcomes related to the six competency domains; use of multiple tools by multiple evaluators on multiple occasions; tools with descriptive criterion-based anchors for the rating scale to aid in fairer and more consistent evaluations. The assessment system must be monitored to assure **timely completion of evaluations** and to assure that the required **semiannual reviews with feedback** take place and are documented.

Data derived from formative assessments should not be used to make high stakes decisions (promotion, graduation). Such data should be discussed with the resident, who can provide more meaning to the context of the situation, and used to guide planning for further learning and to identify the need for remediation. Because so many data points are being collected with formative evaluation, patterns begin to emerge that allow a more accurate ‘diagnosis’ of the resident’s gaps and capabilities – regardless of any ‘spin’ the resident might put on the results.

The assessment system may include **faculty development** activities such as scheduled faculty meetings. Time could be set aside during faculty meetings to discuss topics such as the assessment tools and methods for using them effectively; and how best to distribute and collect completed evaluations in a timely manner. In addition, the assessment system may also include scheduled meetings with residents so that they know and understand the **performance criteria** on which they will be assessed and the performance standards (i.e., ‘how much is enough’ for a given level of training or learning experience). The goal is that both faculty and residents will share a common understanding of what is expected and how it will be evaluated and that they perceive assessments as a fair and close approximation of actual ability.

CPR V.A.1.c states that evaluations of resident performance must be **accessible for review by the resident**, in accordance with institutional policy.