XII. The Evaluation System

The Department of Surgery follows the Texas Tech University Health Sciences Center House Staff administrative guidelines (Addendum III)

F= Formative (for the purpose of improving the learner’s performance only)
S= Summative (for the purpose of advancement and promotion)

The purpose of the evaluation is to provide information on resident performance for the following reasons:

- To make decisions on promotion.
- To provide data to specific boards for certification.
- To write letters of recommendation.
- To identify resident deficiencies and initiate corrective measures to assist the resident in his/her professional development as a surgeon and provide exemplary patient care that is a hallmark of a teaching program
- To identify strengths and weaknesses in the teaching program which require modification.

A. In-training Exam (S&F)

1. Mandatory for all of the residents both categorical and preliminary.

2. The expected performance for all the residents is the 40th percentile for the nation at the resident’s level, as minimum score. This criterion will be used in part for the summative evaluation for each resident.

3. The American Board of Surgery (ABS) will provide feedback in writing.

4. The Program Director PD will provide feedback and a corrective plan for poor performers

B. Practice Exams (F)

1. Mandatory for all of the residents

2. Several times throughout the year.

3. The Program Director will provide feedback

C. The Residents’ Personal Goals (F) (Appendix 1&2)

1. Short term goals (STG)

2. Long term goals (LTG)
3. These Goals should be obtained and reviewed every November and June.

4. The faculty advisor will help the resident set goals.

5. These goals should be evaluated in the presence of the resident’s faculty advisor (reflections on goals set and progress in achievement).

6. The residents should critique his /her own performance annually in writing (self evaluation form).

7. A report of the evaluation session, STG and LTG will be submitted to residency director and kept in the resident’s file.

D. Monthly Rotation Evaluation Forms (S&F) (Appendix 3)

1. Filed by each attending on every resident on their rotation at the end of each month

2. Residents are to review their evaluation forms monthly

3. The evaluations will be based on achievement of specific goals.

4. Every faculty member is responsible for providing feedback on a monthly basis.

E. Peers Evaluation Forms (S&F) (Appendix 4)

1. All residents will evaluate each other twice a year.

2. All forms will remain anonymous.

3. Collected and summarized by the RC.

4. Reviewed by the PD.

5. The PD will provide formative feedback.

F. Resident Professional Behavior Form (S&F) (Appendix 5)

1. Biannual evaluation.

2. The residents will be evaluated by nurses, intraoperative staff and other key support staff.
3. All forms remain anonymous.

4. Collected, reviewed, and summarized by the PD.

5. The PD will provide formative feedback twice a year.

G. Resident Intraoperative Evaluation Form (S&F) (Appendix 5)
   1. Rotation specific and at least biannually.
   2. Residents will be evaluated by attendings.
   3. All forms remain anonymous.
   4. Collected and reviewed by the PD.
   5. The PD will provide feedback biannually.

H. Family Satisfaction Questionnaire (F) (Appendix 6)
   1. Rotation specific at least biannually.
   2. Residents will be evaluated by the patients’ families.
   3. All forms will remain anonymous.
   4. Collected, reviewed, and summarized by the PD.
   5. The PD will provide formative feedback twice a year.

I. Patient Satisfaction Questionnaire (F) (Appendix 6)
   1. Rotation specific, at least biannually.
   2. Residents will be evaluated by their patient.
   3. All forms will remain anonymous.
   4. Collected, reviewed and summarized by the PD.
   5. The PD will provide formative feedback twice a year.

J. Evaluation of Residents as Teachers and Role Models (F) (Appendix 7)
   1. After each 3rd Year Clerkship.
   2. All residents are evaluated by the medical students for their teaching ability and as role models.
   3. All forms will remain anonymous.
4. Collected and summarized by the RD.

5. Used as a part of the RD’s formative quarterly evaluation for the residents.

6. The two residents who are judged by the medical students as the best teacher and best role model for the entire year receive an award at the end of the academic year.

K. Conferences Attendance Record (S)

1. Satisfactory attendance is an indication of the motivation of the resident toward his/her surgical education.

2. Required conferences are Morbidity and Mortality Conference, Core Curriculum, trauma team conference, journal club, and Grand Rounds.

3. All residents are required to attend a minimum of 80% of required conferences.

4. Attendance record will be checked biannually.

L. Mock Oral Board Exams (F)

1. Mock Oral board exams are administered to PGY4 and PGY5 residents each year.

2. Each resident is tested by two teams of two faculty members and scored by American Board of Surgery criteria.

3. This will be used for formative purposes only.

M. Medical Records(S)

1. Resident attention to record keeping is expected.

2. Residents should not have in excess of either 10 und dictated operative reports or 10 incomplete medical records at any of our affiliated hospitals

3. Residents violating this limit will be suspended from clinical duties until records are completed
4. Database cards and other record keeping duties unique to individual services are the responsibility of the resident to complete.

N. The Residents’ Role

1. Each resident is responsible for reviewing his or her own file at a minimum of once a month.

2. Each resident is responsible for reviewing and signing all evaluation forms on a monthly basis.

3. Each resident is responsible for turning in his or her operative cases to the RC on a weekly basis.

4. Each resident is responsible for staying in touch with his or her faculty advisor on a regular basis (at a minimum of twice annually for the self evaluation process).

5. Each resident is responsible for evaluating each faculty member on a particular rotation on a monthly basis.

6. Each resident is responsible for evaluating the program as a whole annually.

O. Clinical Competency Committee Meeting

At least biannually, the Clinical Competency Committee (CCC) meets to evaluate resident performance. Each resident will be evaluated based on 360° evaluations as detailed above, ABSITE scores, case logs, academic productivity, participation and performance in various skills and knowledge, educational activities, adherence to policies, record keeping and any other documentation and information that can be used to assess the residents’ performance. The CCC will complete the bi-annual milestone evaluation for each resident. This discussion on each resident is brought to a conclusion by a vote of the faculty to rank the resident:

- ADVANCEMENT
- ADVANCEMENT with stated areas to be improved.
- ADVANCEMENT with stated deficiencies that must be improved. (Observation status)
• ADVANCEMENT with probation and stated deficiencies that must be improved. (Probation Status)
• NO ADVANCEMENT with stated deficiencies that must be improved. (repeat a year)
• DO NOT REAPPOINT with stated justification.
• DISMISSAL with stated justification.

These rankings are formative during the first six months of the year and summative at the end of the year.

P. Evaluation Report (Appendix 8)

After the biannual CCC Meeting residents are scheduled to meet with the Program Director and/or Chairman. At that time a performance statement based on all performance measures including the opinion of the CCC will be presented to the resident. The Chairman or Program Director takes this opportunity to discuss areas of exceptional performance, areas for improvement and possible solutions to existing problems. During the first half of the year, the formative evaluation will specifically address whether the resident is no track for advancement and if not, what improvements are needed. The evaluation for the second half of the year will reflect the opinion of the CCC regarding advancement. If no improvement has occurred in areas provided cited as deficient adverse actions may be taken including that the resident could be dismissed from the program. This evaluation summarization will be signed by the resident and the Chairman and/or Program Director and become a permanent part of the resident’s file.

Q. Commendation Process

Currently, residents that display excellence in one or more of the core competencies is given an award at our annual graduation dinner.

R. Resident Evaluation of Rotations (Appendix 9)

1. Each resident will fill out an evaluation after each rotation.

2. All forms will remain anonymous.

3. The Program Director will summarize these evaluations biannually and discuss the results with the faculty.

S. Teaching Physician Evaluation Form (Appendix 10)
1. Each Resident will fill out an evaluation for each attending after every rotation.

2. All forms will remain anonymous.

3. Faculty members are encouraged to review their evaluations at least every three months.

4. The Program Director will summarize these evaluations biannually and discuss the results with the faculty members.

T. Biannual Attending Evaluation (Appendix 11)
   1. Biannually, the residents will fill out a more extensive evaluation of the attendings.
   2. All forms will remain anonymous.
   3. Forms are collected by RC.
   4. Reviewed, summarized, and formative feedback given annually by the Chief of Surgery to the attending staff.

U. Program Evaluation

The educational effectiveness of the program will be evaluated at least biannually by the Educational Committee. During the evaluation, the committee will consider written comments by the faculty (Teaching Staff Residency Program Survey – Appendix 12), the residents’ confidential written evaluations (Resident Program Survey – Appendix 13), and the most recent evaluation from overseeing groups, such as the sponsoring institution, Internal Review, and the latest RRC Site Visit.

Any resident performance and outcome assessments available, including test scores and recent graduates’ first time pass rate on the Qualifying and Certifying Exam will be used for evaluation.

If deficiencies are noted by the committee, a plan of action should be approved and placed into action.