EVALUATIONS

Evaluation - To evaluate the progress of each resident during his/her training and assist in achieving the goals and potential of each resident.

The Evaluation of the Radiology Resident

Radiology Residency Program evaluations are an essential tool for documenting the quality of rotations, the residents’ experiences, and the faculties’ observations for the Program Director.

The Evaluation is an ACGME Requirement of every Accredited Residency Program. It is a great tool for documentation of the quality of teaching and understanding of the Resident. The Evaluation allows freedom for the resident to express their feedback of the program as well as the teaching faculty. The Evaluation is a serious tool for education.

The Coordinator is responsible to make sure each resident has an Evaluation (either after every rotation, every six months) however your department policy states. The ACGME will review these during the site visit.

The Outcome: The Evaluation is a tool for assessing the Residents performance through their entire Residency. The Evaluation is used to give feedback to the resident as well as Program Director. This can be done either electronic or manually

Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
2. mechanisms for providing regular and timely performance feedback to residents
3. process involving use of assessment results to achieve progressive improvements in residents’ competence and performance. Programs that do not have a set of measures in place must develop a plan for improving their Evaluations and must demonstrate progress in implementing the plan.

The program must have formal mechanisms for monitoring and documenting each resident’s acquisition of fundamental knowledge and clinical skills and his/her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic Evaluation of each resident must be maintained and must be available for review by the site visitor. Evaluations must include non-cognitive areas such
as interpersonal and communication skills, attitudes, and professional behavior, as well as moral and ethical characteristics.

Program Directors are required to keep accurate documentation of the general and subspecialty experience of each resident in the program and to submit this information to the RRC if it is requested. The exact nature of the general and subspecialty experiences of residents at other institutions and evaluation of their performance must be documented in the residents' files. It is essential that residents participate in existing national examinations. The annual In-Training Examination is one example of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the faculty to identify the cognitive strengths and weaknesses of individual residents and weaknesses in the teaching program and to develop remedial activity, if warranted.

The Program Director and faculty are responsible for provision of a written final Evaluation for each resident who completes the program. The Evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final Evaluation should be part of the resident's permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's Evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

**Evaluation of Faculty**

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents participate in this evaluation in a confidential manner.

**TYPES OF EVALUATIONS:**

**Electronic:**

Whether you use E-Value, New Innovation or any other program; you can run it on a timely basis with electronic reminders and e-mails that are pre-set in the program. This is a very efficient way and leaves less room for human error.

**Manual:**

This form of Evaluation requires a coordinator to be very organized and keep accurate documentation. It is essential to have the cooperation of the faculty/residents and their understanding of the importance of completion in a timely basis. Evaluations should contain the 6 competencies in the Evaluation form as shown on the following page. (Jannette Collins, M.D. APCR)

The program must have formal mechanisms for monitoring and documenting each resident's acquisition of fundamental knowledge and clinical skills and his or her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing or electronically at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program
should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

C. Evaluation of the Program

The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program's effectiveness in achieving them, and the needs of the residents. At least one resident representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be addressed. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program. The residency program should have in place a process for using resident and performance assessment results together with other program Evaluation results to improve the residency program.

This Evaluation should include an assessment of the balance between the educational and service components of the residency. In addition, the utilization of the resources available to the
program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision of the residents should be evaluated. Written Evaluation by residents should be utilized in the process. As part of the Evaluation of the effectiveness of the program, the Director must monitor the performance by the program’s graduates on the certifying examination of the American Board of Radiology. Information gained from the results should be used to improve the program.

**Different types of Evaluations**

1. Resident Evaluation
2. Faculty Evaluation
3. Rotation Evaluation
4. 360 Evaluation
5. Confidential Evaluation
6. Chief Resident Evaluation of Residents

**Program Coordinator’s Role**

1. Monthly Evaluation Mailing
   a. Attending
      o Evaluate residents
   b. Residents
      o Evaluate faculty
2. Program Director Meeting with Residents
   o Accreditation requires that all residents meet with their PD at least twice yearly, and Evaluation of reviews should be documented.
3. Evaluation Tracking
   o Monitor the return of resident and faculty Evaluations.
   o Provide residents, faculty, RRC Committee Members and Program Director access to Evaluations.
   o File original evaluations in appropriate resident or faculty file.
4. RRC Committee Schedule monthly meeting
   o Discuss Residents progress in the Residency Program

The Program Director and faculty are responsible for provision of a written final Evaluation for each resident who completes the program. The Evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record that is maintained by the institution.

Great Job!!!