

How To Evaluate Residents

WEB-BASED RESIDENT EVALUATION
GENERAL FORM
RESIDENT EVALUATION BY STAFF

Evaluator: _____ Subject: _____
Status: _____
Rotation: _____
Employer: _____

DATE OF THIS EVALUATION: _____

EVALUATION DESIGNATIONS

ABSOLUTE/ANCHORED COMPETENCY DESIGNATION

A competent physician (rating of 5, 6 or 7) performs independently in a fashion that is consistent with the standard of care in the United States today. Ratings of 5, 6 or 7 imply that a resident does not require attending supervision. Thus, ratings of 5, 6 or 7 imply that the resident is ready to leave the residency.

- 1 = needed **significant** attending assistance, input or correction
 - 2 = needed **moderate** attending assistance, input or correction
 - 3 = needed only **minimal** assistance, input or correction (emerging as competent)
 - 4 = needed **very infrequent** assistance, input or correction (emerging as competent)
 - 5 = performed in a **fully independent** manner, did not need any faculty, input or correction
 - 6 = **able to serve as a consultant to other physicians**, able to defend all actions and decisions
 - 7 = **expert** and able to serve as a **resource to fully trained anesthesiologists**
- N/A = **Not able to evaluate** resident on this competency

RELATIVE PERFORMANCE DESIGNATION

This designation normalizes the resident's performance to other Massachusetts General Hospital residents who are at the same level of training.

- 1 = **distinctly below** peer level
 - 2 = **somewhat below** peer level
 - 3 = **at peer** level (most residents should be at this level)
 - 4 = **somewhat above** peer level
 - 5 = **distinctly above** peer level
- N/A = **Not able to evaluate** resident on this competency

Sample items to consider for each Core Competency:

Medical Knowledge

Knows mechanism of actions of induction drugs, including primary side effects
Knows indications and complications of various monitoring devices
Knows physiology of pertinent organ systems
Knows medical diseases and implications for anesthetic plan

Patient Care

Designs and defends anesthetic plan
Shows appropriate vigilance, judgment and decision-making for perioperative events, including procedures
Develops contingency plans for foreseen and unforeseen outcomes

Practice-Based Learning

Carries out post-operative checks with the intent to learn how to improve the care for subsequent patients
Critically examines decisions and actions for optimal performance
Uses evidence-based medicine to the extent available
Seeks out and adjusts performance according to feedback

Professionalism

Is fully prepared in the mornings
Acts in a manner consistent with a medical professional
Takes timely breaks
Demonstrates a good work ethic
Is aware of and attends to the goals and objective for the rotation
Carries out tasks that may not have direct personal gain (pre-ops for a colleague)

Interpersonal & Communication Skills

Interacts with patients and perioperative personnel in a caring and thoughtful fashion
Explains and defends decisions in a defensible and understandable form
Writes complete and insightful preoperative notes
Consults surgeons and attending anesthesiologist in a functional time frame

Competencies are ACGME defined behaviors expected of finishing residents Use a common vocabulary to measure progress across rotations and for. A comprehensive, functioning evaluation system is an important component of a residency program. It should focus on the residency program as well as on the residents. Residents are evaluated in writing at the end of each clinical rotation by their faculty. Residents' "professionalism" is evaluated by other members of the health . Residency Evaluation Tools. These documents are provided as resources to institutions in their efforts to evaluate applicants, residents, faculty, and programs. Programs must use other raters in addition to attending physicians to assess resident/fellow performance. Of course, quality of information is better than quantity. A final written evaluation will be given and discussed with the resident at the end of the rotation. Residents will be notified during the course of the rotation if any. RESIDENT PERFORMANCE EVALUATION. Name: PGY Level: Rotation: Dates of Evaluation: Evaluator: Unsatisfactory. Needs Improvement. The paper analyzed data for residents at different levels of training the average annual evaluation scores ranged from just over 75 to In , the Accreditation Council for Graduate Medical Education (ACGME) instituted the 6 general competencies (patient care, medical knowledge. In the evaluation of residents, attention should be directed toward the purpose of the evaluation, the content to be assessed, the evaluators, the residents being. The ACGME outlines the mandatory components of a resident evaluation in its Common Program Requirements. Faculty are required to submit. Resident. 1. Formative Evaluation. The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must. Evaluating medical residents as managers of care: a critical appraisal of assessment methods Jamiu O Busari,1,2 Lorette A Stammen,2 Lokke. Objective. To test the reliability of the degree evaluation instrument for assessing residents' competency in interpersonal and communication skills. Method. Internal Residency Program Review. Anonymous Resident Evaluation. Dear residents, we ask that you respond to the following questions regarding your. The American Board of Pediatrics (ABP) regards the evaluation of trainee competency as a continuum that begins during training and concludes with the.

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