

Improving Evaluation Compliance in an Internal Medicine Residency Program

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ABSTRACT

Introduction:

The Accreditation Council for Graduate Medical Education (ACGME) requires a training program to conduct semiannual reports of resident progress measured by defined milestones.¹ Evaluations are a communication tool within residency programs. They help to document training, opportunities of improvement, and accomplishments for residents. As a result, an effective evaluation process by faculty is not only important for compliance with ACGME guidelines, but it also provides essential information regarding physician training.

Objectives:

Primary objective:

Improve evaluation compliance amongst faculty

Secondary objective:

Improve the quality of faculty evaluations

Methods:

For the 2019-2020 academic year, evaluations at the Internal Medicine Residency Program at University of Texas Health Science Center at Tyler/CHRISTUS Good Shepherd were revised by a Program Coordinator, Core Faculty Member, and an Internal Medicine Resident. The evaluations were simplified to align with the six ACGME milestones and include a mandatory comment portion. After the first six blocks of the academic year were complete, the compliance between 2018-2019 and 2019-2020 were compared. Last, a post-intervention survey was distributed to core faculty members regarding the effectiveness of the new evaluation form and further opportunities for improvement.

Results:

2018-2019 Average Mean of Completed Evaluations: **58.3%**

2018-2019 Average Mean of Evaluations Completed Late: **49.6%**

2019-2020 Average Mean of Completed Evaluations: **49.3%**

Discussion:

Despite improvements made within the evaluation form, there was little improvement made in the percent of completed evaluations. Although the completed evaluation scores remain the same, the 2018-2019 might have significantly higher rates of delinquent evaluations completed. The quality of information provided for resident evaluations is beneficial for resident training. This study serves as a baseline which improvements can be made within the evaluation process.

CONTACT INFORMATION

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INTRODUCTION

An essential component of residency training is documentation of their progress throughout their scheduled rotations. This is primarily fulfilled through the completion of rotation evaluations by attending physicians. Essentially, faculty evaluations become a communication tool between the faculty, resident, advisor, Program Director, and Clinical Competency Committee.

Despite the high value of resident evaluations, there have been significant challenges in achieving satisfactory completion rates. Furthermore, the ACGME core competencies, which measure resident performance and readiness for independent practice, should be a central focus of the evaluation. Internal Medicine programs that have revised evaluations to include competencies instead of entrustable professional activities have more accurate and objective information on resident performance.² For example, avoidance of “gut feeling” words and incorporating measurable guidelines for competencies can yield better results for documenting resident training.³

This quality improvement project aimed for the following:

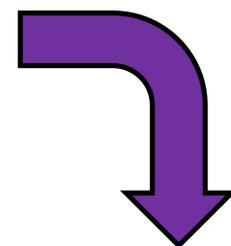
Primary Objective: Improve compliance of completed faculty evaluations of residents

Secondary Objective: Improve the quality of faculty evaluations of residents

METHODS AND MATERIALS

The first process was to revise 2018-2019 evaluation forms that aligned with the six ACGME Internal Medicine core competencies: patient care, medical knowledge, systems-based practice, practice-based learning, professionalism, and interpersonal and communication skills. Each evaluation was given a grading scale of deficient, needs assistance, meets expectations, excellent and aspirational. The grading scale was quantified with specific measures and objectives. A mandatory comment section was also added at the end of each evaluation form.

2018-2019 Evaluation Form Template



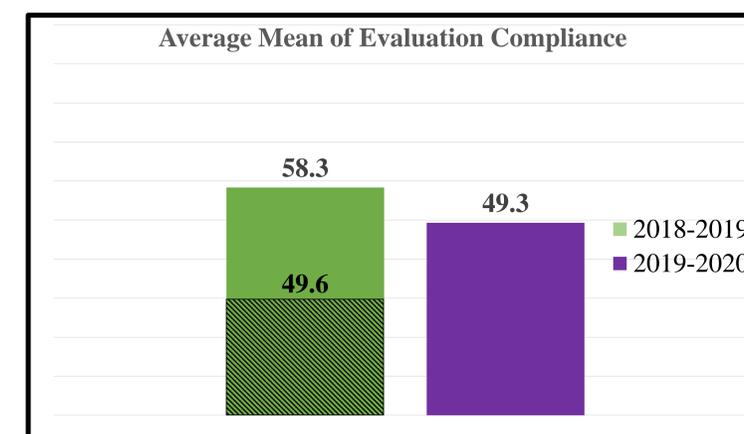
2019-2020 Evaluation Form Template



The new evaluation forms went into affect on July 1 for the 2019-2020 academic year. After 6 blocks were completed, evaluation compliance results were compared between 2018-2019 and 2019-2020.

After results were collected, a post-intervention survey was distributed to faculty. It asked faculty about quality of the revised evaluation form and convenience or ease of completing resident evaluations.

RESULTS



There is little statistical difference in compliance rate between the two academic years.

2018-2019 Average Mean of Completed Evaluations: 58.3%

2019-2020 Average Mean of Completed Evaluations: 49.3%

It is important to note that there was a significantly high amount of delinquent evaluations in the previous year.

2018-2019 Average Mean of Evaluations Completed Late: 49.6%

The post-intervention survey for faculty revealed that everyone felt the new forms to be easier to complete and provide better quality; however, the evaluation process could still improve in setting reminders or easier access such as through a mobile app.

DISCUSSION & CONCLUSION

Although initial data does not show a significant difference in the rates of completed evaluations, there is evidence in the literature to support the benefits of the new evaluation forms. Not only are the forms more streamlined for evaluation compliance, but they also provide quantitative, objective data which help residents to identify areas of focus and advise the Clinical Competence Committee on the level of resident advancement.

Going forward, a continued focus on improving evaluation compliance and quality of evaluation forms, and methods of obtaining evaluations is expected to improve the overall quality of resident education. Future efforts of streamlining the process and utilizing technology in a more effective manner might help to increase overall evaluation compliance.

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