

“I like teaching ... but I don’t like filling in evaluation forms.”

Queen’s University Department of Family Medicine Faculty Development, June 2007



This is the first of a series of newsletters about faculty development for teachers of Queen’s Family Medicine residents.

In this first newsletter, we would like to introduce some resources available to you through the links on our Queen’s Family Medicine Faculty Development web page. We’ve chosen “evaluation” as a topic to do this.

How is your resident doing? ... How do you know? ... How should you “grade” him/her?

Assessing a learner’s performance provides the data for feedback and evaluation.

Residency rotations offer extended opportunities to assess a learner’s actions in the context of patient care – this is both a great opportunity and a problem in terms of the feasibility, reliability and validity of the assessment.

Here are some web links to practical pointers about assessment:

- “Every few weeks produces yet another assessment form to fill out on the junior medical officer, student or registrar. It becomes a bit of a blur and you default to ticking the boxes down the middle of the form. They’re all pretty bright — maybe putting in more effort wouldn’t make much difference to the result anyway?”

“When considering in-training assessment,

- Consider assessable moments, looking at clinical competence, communication and professionalism.
- Assess multiple events by multiple people.
- Note down what you thought at the time — otherwise you will forget.
- Give feedback — that is what junior medical officers want”

Read more from this article: http://www.mja.com.au/public/issues/183_01_040705/lak10147_fm.html

- “On the round you review a patient who needs long-term intravenous antibiotics. Your registrar says she will put in a “PIC” (percutaneous intravenous catheter) later that day. As you wander off, you wonder how good she is at putting in a PIC line. You wonder who taught her, as you know *you* didn’t and, indeed, it is many years since you have done one.”

Read more about: “Determining Competence” at: http://www.mja.com.au/public/issues/181_09_011104/lak10614_fm.html

- How can you decide when a resident “fails to meet”, “meets” or “exceeds expectations”? Attaching benchmarks to the objectives can give meaning to the levels. Here is one example:

http://www.practicalprof.ab.ca/assessment/assessment_in_a_nutshell.html

This webpage is from “Practical Prof”, a wonderfully to-the-point website of the Alberta Rural Physician Action Plan. Practical Prof “provides concise, high quality teaching tools for busy rural clinicians instructing medical students and residents. Practical Prof resources include effective, time-efficient teaching tips and tools appropriate for use in rural offices or hospitals.”

Another example of benchmarks comes from the objectives/evaluation form developed at Queen’s for the residents’ core rotations in family practice at our Family Medicine Centre:

<http://meds.queensu.ca/familymedicine/residency/documents/fmceval.pdf>

- “We are much more willing to have students in our offices, share experiences, teach techniques, and provide guidance than we are to fill out a form indicating how well a learner performed. Why is this?” ... [Do you find yourself] overly generous in assessments, [or at other times do you] evade the process altogether?”

Read more: <http://www.stfm.org/teacher/1999/mar/mar.html> This is one article from a collection of articles from the journal, *Family Medicine*, on the website of the Society of Teachers of Family Medicine.

- “In considering the elements of professional competence required of all physicians, many program evaluations are heavily weighted toward core knowledge and a few basic skills that can be reliably evaluated. [There is] a long list of other important professional competencies, most of which are more difficult to assess (Epstein & Hundert, 2002). The problems that teachers encounter in assessing these competencies are due primarily to their essentially individual, or internal, nature. Many of them are learned - or tacitly absorbed - through the process of medical socialization during training.”

Read more: http://www.medicine.mcgill.ca/facdev_img/pdf/CSA_en.pdf

This is one chapter of a work on teaching and learning for international medical graduates, but the concepts are equally applicable to Canadian medical graduates. Although the chapter is about 50 pages long – a pdf document - it contains a good theoretical basis for assessing clinical skills and there are appendices with rating scales that may be useful in a practical way, too: for physical assessment (which could also be used for procedures), for interviews, for written and verbal communication.

- Different methods of assessment can evaluate different parts of a learner’s performance. Case presentations, chart reviews, questioning, log books, self-assessment all have their place. Direct observation of the resident with a patient is, intuitively, an essential part of the array of methods, but in many settings, e.g., a busy office, “How can you expect me to spend 30 minutes watching a [learner] assess a patient?”

Read more about practical observation techniques:

http://www.practicalprof.ab.ca/observation_feedback/practical_observation_techniques.html

- “The process of giving students feedback is crucial to developing a final evaluation that is truly helpful.” ... What are techniques for providing daily feedback and then linking that to a final evaluation?

Read more: <http://www.stfm.org/teacher/2000/janOBT.html>

- “It is the next to last day of the rotation and the learner, with whom you have been working for a month, hands you a form that you have never seen before. She states, “I need you do a final evaluation with me for the rotation before I leave at noon tomorrow.” You look at your packed schedule and decide that if you are lucky you can fit in a 30-minute session between AM rounds and the start of office hours. You recall that the learner arrived the Monday after you were on vacation for a week and you did not get to do your usual orientation.” ... What can go wrong with evaluation?

Read more: <http://www.mahec.net/celt/acroread/Evaluation.pdf> This is an article linked to the website of the Mountain Area Health Education Centre. The main website also has links to articles on “The One-Minute Preceptor”, “Setting Expectations”, etc.

The basis for assessing performance is having and using learning objectives. One task for clinical teachers is to decide what is feasible for you to teach and assess in your setting. Learning objectives for our residents are listed on our objectives/evaluation forms, which are available in our Detailed Program Guide:

http://meds.queensu.ca/familymedicine/residency/index.php/detailed_program_guide

In deciding what to teach and assess in your setting, please make use of the support of our Residency Program Director, Dr. Willa Henry - henryw@queensu.ca or 613-533-9303, ext. 73001.

Please also feel free to contact our Faculty Development Co-Directors for the Department of Family Medicine for any issues that might help support you in your teaching:

Dr. Ian Casson - ric@queensu.ca or 613-533-9303 ext. 73905 or

Dr. Ruth Wilson – wilsonrw@queensu.ca or 613-533-9303 ext 73989

The links above, and others, are available through the “Teacher News and Faculty Development Resources” link on our departmental website: <http://www.queensu.ca/fmed/> We welcome your feedback!