

## **Report of the Evaluation Task Force**

The Evaluation Task Force met at the Annual Spring Meeting on Thursday, May 12, 2005. There were several new faces among the thirty-plus who attended!

We reviewed the charge of the task force:

“The APPD Evaluation Task Force is charged with developing goals with measurable objectives that can be achieved in a 3-year time period to assist pediatric residency programs in improving their evaluation procedures. Such procedures may include evaluation and feedback to individual trainees and faculty as well as encompassing curricular or programmatic evaluation issues.”

We then entered into a discussion of what ultimate outcome our incremental evaluation tools were measuring. We determined that although ultimately we hoped that our graduates were competent pediatricians throughout their careers, the outcome we could focus on was the competence of the resident at the completion of residency.

Many forms currently in use by various programs were distributed. Some forms were skill specific checklists, others global rotation evaluation forms or portions of 360° evaluations. It was hoped that “best-practice” forms could be identified to post in a tool-shed on the APPD Evaluation Task Force web site. However, there were pieces of many forms which were probably useful. All of the forms will be posted for everyone’s use. Attendees were also encouraged to send me any other forms they have for inclusion in the tool-shed. Over time and use, it may become possible to specifically identify which pieces of which tools are “best” and develop unified tools. If, eventually, all programs use the same forms, we can attain significant numbers and begin to validate the tools.

As we discussed the frustrations of getting accurate evaluations from our faculty, several interesting concepts emerged

1. Implementation of any new tool seems to result in less clustering of responses. Whether this is due to faculty development around the new evaluation form or simply the newness resulting in careful reading of the descriptors by faculty, it appears the “new” forms result in presumably more thoughtful evaluation. The newness phenomenon does, unfortunately appear to wear off.
2. Faculty seems to more honestly evaluate the residents in an oral forum rather than a written form. Several attendees described scheduling regular evaluation meetings where faculty openly discuss each resident’s progress. The directors that use this process feel they receive more accurate information that when faculty fill out forms.
3. Evaluative descriptors, such as “making progress”, “beginning to attain”, “has mastered” seem to result in more thoughtful evaluations than a simple numbered scale- even if the numbers are coded to descriptors.

We are still far from developing the “ultimate valid evaluation tools” to evaluate resident competency but continue to work toward that end.