**Resident Evaluations and Feedback**

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Introduction

Evaluations serve many critical purposes in residency education. They help residents, advisors, and program leadership determine strengths and weaknesses of the residents, clinical rotations, and the program. Evaluations inform learning plans and goals and provide information to the Clinical Competency Committee (CCC). They inform the initiation and monitoring of remediation efforts, and they provide data as program leadership make determinations about advancement. When residency programs utilize a wide breadth of settings, tools, and evaluators, they will likely be more successful in capturing an accurate depictions of learners, rotations, and the program.

Faculty development in assessment and evaluation is important for this process to be productive and robust. Summative evaluations should be assembled through a defined process, reflecting on prior learner-centered formative feedback and subsequent assessment for adjustment.

Direct Observation

Although direct observation is time intensive for faculty, it is a critical way to assess clinical and communication skills. It is important for programs to incorporate direct observation to augment other feedback and evaluative strategies. Best practices in feedback (learner-generated if possible, timely, specific, private, etc) should be implemented to maximize the positive impact of direct observation. Clinical coaching programs can provide infrastructure for faculty development and clinical coordination to optimize direct observation practices.

Each program needs to decide how to best implement these limited resources to maximize the effectiveness of this tool.  Settings – inpatient, continuity or subspecialty clinics, ICUs, simulation lab – may yield varied information and may be variably accessible.  It is important to be intentional about what specific skills you seek to observe – obtaining a history, performing a physical exam, providing anticipatory guidance, procedural training, breaking bad news, etc? When possible, video review of recorded patient encounters allow faculty to asynchronously observe residents’ behaviors and to show residents exactly what happened in small chunks of time.  Keeping the task and the evaluation form simple is important to success. Aggregating direct observations from multiple evaluators, if resources permit, may mitigate bias. Finally, ensuring time for immediate feedback following the direct observation will enrich the experience for the residents.

Milestones

Developed in 2012 as a collective initiative of the ACGME, ABMS, ABP, and APPD and revised in 2021, the Milestones provide a framework for programs to assess the progression of residents’ competencies during their training.  The 22 Milestones are organized in a developmental framework within the six core ACGME competency domains Patient Care (5), Medical Knowledge (2), Systems-Based Practice (6), Practice-Based Learning and Improvement (2), Professionalism (4), Interpersonal and Communication Skills (3).  For each sub-competency, narrative descriptions help determine the competency level of the resident from novice (1) to expert (5).  Residents who have gained some of the skills of the next level, but are not yet fully there, can be scored between levels.

One focus of the CCC is to determine the Milestone levels for each resident and the program must report these to the ACGME biannually in January and June. Programs use different means by which to provide data for the CCC to use in this determination.  Some programs mine them directly from faculty, rotational, and other evaluations. Others use a mapping strategy in which evaluators determine competency in completing a certain task and the program maps that to the relevant milestones.  For instance, if a resident is assessed on their ability to complete a HEADSS interview on an adolescent patient, that might get mapped to PC1 (History), MK1 (Clinical Knowledge), P1 (Professional Behavior), IC1 (Patient and Family Centered Communication). 

The Milestones are also critically important in assessing areas for improvement for a struggling resident.  They can be used to determine when to initiate remediation processes, and for goals and monitoring after initiation. Although they are meant to primarily serve a formative role and should not be the sole assessment tool for decisions about progression in training, the CCC and program leadership team can use the Milestones as a tool in determining learning plans.

Of note, there are no specific Milestones that residents are required to attain at a given level of training or for graduation. Most residents will, however, be at a milestone level of 3-4 in most sub-competencies by the time they graduate. It is most important to be alert for residents who stall at a certain level or, even more concerning, have regression within the Milestones.

Entrustable Professional Activities (EPA)

EPAs are observable activities that can be assessed for competency based on level of supervision necessary for the trainee.  The ABP developed a list of 17 EPAs which include the essential activities that a general pediatrician should be able to perform safely and effectively. The supervision scale for the EPAs ranges from 1 (trusted to observe only) to 3 (trusted to execute with reactive on-demand supervision immediately available) to 5 (trusted to execute without supervision).

EPAs can be incorporated in many ways including written evaluations, simulation, direct observation tools, and in the CCC process. They can be used in conjunction with Milestones to make competency-based assessments for promotion, individualized learning plans, and remediation goals.  At this time, programs are not required to report EPAs to the ACGME or ABP, but will be required to report EPAs in 2028. Programs may choose to focus on some (or all) of the 17 ABP-identified EPAs or they may choose to create their own.

Evaluation Forms

A wide variety of forms exist toevaluate all permutations of interactions (faculty to resident, resident to faculty, resident to rotation, peer to peer, self-reflection, resident to program, interprofessional team member to resident, patient to resident) acrossa variety of assessment environments (direct clinical observation, procedural skills, teaching skills, program activities). Components of these evaluations may include Milestone or EPA scaled frameworks and written feedback. Many residency programs publish samples of their evaluations on their websites and can be used as tools when updating or modifying current evaluation forms. (See below examples)

Clinical Competency Committee (CCC)

The CCC is a core requirement of the ACGME to “demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice” (page 5). The program leadership team collaborates with the CCC and provides Milestones data and written aggregate feedback on the residents. This allows the CCC to synthesize this information and determine the progression of each resident as the residents work towards unsupervised practice. The CCC is composed of at least three program faculty members and at least one of these individuals must be a member of the core faculty. Other committee members may be from Pediatrics or other programs and health care professions with extensive knowledge and experience with the residents can be included in the CCC. The committee members are appointed by the program director. The program director, in conjunction with the CCC, shares assessments related to the resident progression during semi-annual reviews and during the exit interview at the end of training.

Feedback to Residents

Residents receive formal and informal feedback throughout training. Spoken feedback, should include formative comments in clinical contexts, and summative contexts such as “Feedback Friday” at set points during or after clinical experiences . Written feedback is usually available to residents after a rotation and may Milestone or EPA assessment framework and comments from the evaluator. A review of feedback best practice is out of the scope of this text, but many resources and frameworks are easily accessible, including [R2C2,](https://www.mededportal.org/doi/10.15766/mep_2374-8265.10387) [STAROS](https://resident360.nejm.org/expert-consult/improving-feedback-exchanges-with-residents), [Appreciative Inquiry](https://edhub.ama-assn.org/change-med-ed/video-player/18684399), and many others. Summative and formative feedback are imperative as the program leadership team and the CCC monitor the residents’ progression throughout training. The ACGME mandates that semi-annual reviews occur twice a year between the resident and the PD or program designee. During this time, Milestone or EPA assessments are reviewed and a frank discussion about the resident’s progression towards independent practice occurs. An exit interview at the end of residency training allows a final review of the resident’s Milestone or EPA assessments and allows the program director to ensure that the resident understands the process for successfully studying and sitting for the Pediatric Certifying Exam.

Resources

*Direct Observation*

1. Kogan, Jennifer & Holmboe, Eric & Hauer, Karen. (2009). Tools for Direct Observation and Assessment of Clinical Skills of Medical Trainees: A Systematic Review. JAMA: the journal of the American Medical Association. 302. 1316-26. 10.1001/jama.2009.1365.
2. Beck Dallaghan, Gary & Higgins, Joy & Reinhardt, Adam. (2018). Feedback Quality Using an Observation Form. Journal of Medical Education and Curricular Development. 5. 238212051877776. 10.1177/2382120518777768.

*Milestones*

1. [https://www.acgme.org/globalassets/milestonesguidebook.pdf](https://urldefense.com/v3/__https:/www.acgme.org/globalassets/milestonesguidebook.pdf__;!!Li743BnW!nQyxMjmeuC9MrJsxqgoD1JWtE10cq9xe1k2scp9qVjAvrtwZa7-CwTxRAXCBDOFc27ExhIAfbHE7QaDrzMmB5zh3$)
2. [https://www.acgme.org/globalassets/pdfs/milestones/pediatricsmilestones.pdf](https://urldefense.com/v3/__https:/www.acgme.org/globalassets/pdfs/milestones/pediatricsmilestones.pdf__;!!Li743BnW!nQyxMjmeuC9MrJsxqgoD1JWtE10cq9xe1k2scp9qVjAvrtwZa7-CwTxRAXCBDOFc27ExhIAfbHE7QaDrzNHm9SXK$)
3. [https://www.abp.org/content/milestones-competencies-and-epas](https://urldefense.com/v3/__https:/www.abp.org/content/milestones-competencies-and-epas__;!!Li743BnW!nQyxMjmeuC9MrJsxqgoD1JWtE10cq9xe1k2scp9qVjAvrtwZa7-CwTxRAXCBDOFc27ExhIAfbHE7QaDrzAJYh1iZ$)

*EPAs*

1. ​​[https://abpeds.wistia.com/medias/3fxn80xigv](https://urldefense.com/v3/__https:/abpeds.wistia.com/medias/3fxn80xigv__;!!Li743BnW!nQyxMjmeuC9MrJsxqgoD1JWtE10cq9xe1k2scp9qVjAvrtwZa7-CwTxRAXCBDOFc27ExhIAfbHE7QaDrzFeRl6nw$) (video explaining EPA’s)
2. [https://www.abp.org/content/entrustable-professional-activities-general-pediatrics](https://urldefense.com/v3/__https:/www.abp.org/content/entrustable-professional-activities-general-pediatrics__;!!Li743BnW!nQyxMjmeuC9MrJsxqgoD1JWtE10cq9xe1k2scp9qVjAvrtwZa7-CwTxRAXCBDOFc27ExhIAfbHE7QaDrzM1avCOQ$)

*Evaluation Forms*

1. Stanford Pediatrics Residency Program: [Assessment | Stanford Pediatrics Residency | Stanford Medicine](https://med.stanford.edu/peds/educational-resources/assessment.html)
2. UF Health Jacksonville Pediatric Residency Program: [Forms/Evaluations – Pediatric Residency Program: JAX (pedsjax.com)](https://pedsjax.com/forms/)

*CCC*

1. [acgmeclinicalcompetencycommitteeguidebook.pdf](https://www.acgme.org/globalassets/acgmeclinicalcompetencycommitteeguidebook.pdf)
2. Benjamin Kinnear, Eric J. Warm & Karen E. Hauer (2018) Twelve tips to maximize the value of a clinical competency committee in postgraduate medical education, Medical Teacher, 40:11, 1110-1115, DOI: [10.1080/0142159X.2018.1474191](https://urldefense.com/v3/__https:/doi.org/10.1080/0142159X.2018.1474191__;!!Li743BnW!g5swxGp6DeO31ZwEcOj3yZ2Yc6mSHajQo4E4S48QVyG9r3l7ers4lQxQQrDWgmCepOYClbSe9nZHz7MYnaO9Wu_l$)

*Feedback*

1. Ruedinger E, Rooholamini SN; Association of Pediatric Program Directors Faculty and Professional Development Task Force. Direct Observation: A Critical Assessment Tool. Acad Pediatr. 2022 Apr;22(3):365-366. doi: 10.1016/j.acap.2022.02.005. Epub 2022 Feb 15. PMID: 35181560
2. Tuma F, Nassar Ak. Feedback in Medical Education. [Updated 2022 Sep 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: [https://www.ncbi.nlm.nih.gov/books/NBK544311/](https://urldefense.com/v3/__https:/www.ncbi.nlm.nih.gov/books/NBK544311/__;!!Li743BnW!g5swxGp6DeO31ZwEcOj3yZ2Yc6mSHajQo4E4S48QVyG9r3l7ers4lQxQQrDWgmCepOYClbSe9nZHz7MYncmQAuKw$)