Dear Residents,

Happy Mother's Day! I hope you take a moment to recognize yours and for those who are mothers, I hope that you are celebrated.

A sketch of my mother, Aziz Fatima - by my sister, Durriya

As we reach the end of the academic year, we will utilize your end of rotation faculty evaluations to assess your progress. Each question in your evaluation form is tagged to corresponding milestone(s). There are 21 milestones based on the 6 core competencies. This framework facilitates the work of the clinical competency committee

(CCC) as they gather your milestone data from the evaluation forms and then adjust the ratings based on other sources of information. These ratings are then transmitted to the ACGME and to the ABIM.

Definitions of Educational Constructs.*	
Term	**Definition**
Competency	An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development.
Milestone	A defined, observable marker of a trainee's ability along a developmental continuum.
Entrustable professional activity	An essential task of a discipline (profession, specialty, or subspecialty) that a learner can be trusted to perform without direct supervision and a clinician entering practice can perform unsupervised in a given health care context, once sufficient competence has been demonstrated.

* From Englander et al.[1]

The problem we run into each year is that faculty evaluation completion is typically around 60% which leaves gaps in the information we need to fully assess your progress in the competency-based model of graduate medical education. I will need your help in fixing this (more on this later). First let's turn to how the system is set up in the first place.

Step 1 – we create a rotation schedule for each of you. We work hard to keep this current given the high frequency of trades and swaps. Both Amion and QGenda have automated feeds to MedHub – but these links require continuous upkeep with changing rotation names or with the creation of new rotations. Failures in this step are unusual given the close attention our chief residents and @Harvey Contreras give to this process.

Step 2 – add faculty schedules to MedHub. Without this step, there would be no ability to automate evaluation assignment. This is the method we use for inpatient rotations where we have a high degree of certainty regarding your assigned supervising attending. This process is prone to failure because faculty may switch their schedules after we have assigned the evaluations. Faculty QGenda schedules have helped this process but hasn't fully remedied the situation.

Alternative Step 2 – ask you to pick the faculty member to evaluate you. This is the method we use primarily for the hybrid rotations because we cannot predict who might supervise you on consults or in clinic. We have also utilized this process for cardiology and critical care rotations where there are often just week-long faculty rotations with frequent switches. For your primary care clinics, we ask the clinic directors to assign the evaluations. This method can fail if you do not (or are late to) identify the faculty member or if the identified faculty member does not recall working with you (happens when you pick them after a substantial delay).

Step 3 – faculty complete an assigned evaluation. This step fails quite often. There are several reasons:

1. Erroneous resident-faculty matching – generally rare but still occurs.
2. Late delivery of faculty evaluations – MedHub will only send an evaluation after YOU have completed the rotation, which can be 2 weeks after the faculty member has rotated off. This is a particular problem for those attendings who supervise the first 2 weeks of an inpatient rotation. You might wait too long to pick an attending for rotations without automated assignments.
3. Evaluation expiration – evaluation requests expire in 30 days, after which time the only way for faculty to complete an evaluation is to initiate one.
4. Faculty feel that they had "insufficient contact" to evaluate you fairly – this is typical of outpatient rotations where you likely have had brief interactions with any one faculty member.
5. Faculty have many competing priorities.

As you can imagine, these interrelated steps can have cascading failures which leads to gaps in a core function of the residency program – gather and interpret faculty feedback on your performance.

You are probably wondering where you come in and how you can help. Here are some ideas I have:

1. Thank the faculty member who has supervised you and let them know that you are looking forward to their written evaluation. *"I really enjoyed our time together – you will be receiving an evaluation form. I would be very grateful if you can give me written feedback."*
2. For brief encounters, ask that they rate you on whatever they have observed. The form is long, but even a few ratings will help. They can skip questions if they wish. "*I know we only saw a few patients together. I hope you can rate me on anything you observed. I am eager for your feedback.*"
3. Ask that in addition to ratings, could they include a narrative evaluation in the comments section (many faculty leave this blank of simply say "good job" or "read more." Good job at what or read more of what would be helpful 😊. *"I learned a lot from you on this rotation, thank you for your helpful guidance. I want to thank you in advance for completing my evaluation – please let me know what I did well and what I need to work on."*
4. Many faculty members are excellent at evaluating you – they complete these in a timely fashion and write very helpful comments. Take a moment to thank them for their evaluation. *"Thank you so much for the feedback – it was very helpful."*

Our faculty enjoy teaching you and learning from you. I expect that the evaluation form feels like an afterthought to them – surely, they think that the continuous back and forth on rounds and in the clinic has given you plenty of feedback. While useful, this form of activity is principally formative feedback. The end of the rotation evaluation is summative feedback and is a requirement for residency training. I am doing my best to work with faculty to improve both the quantity and quality of their evaluations. With your partnership, I think we can move the needle.

Best wishes,

Dino Kazi