Policy and Procedure

Postgraduate Medical Education (PGME)

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<th>Title:</th>
<th>Resident Evaluations of Rotations and Preceptors</th>
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<td>Contact:</td>
<td><a href="mailto:postgrad@postgrad.med.ubc.ca">postgrad@postgrad.med.ubc.ca</a></td>
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Policy

Mission:
The Resident Training Programs at the University of British Columbia espouse a system of program and preceptor evaluations which are free of intimidation, and are directed towards continued educational improvement.

Goals:
1. Each rotation should be evaluated in an objective fashion, allowing the residents to individually assess the following:
   - Were the numbers of patients and the associated work load appropriate
   - Was there an appropriate wide range of clinical problems
   - Was there an appropriate ambulatory care component
   - Were the numbers of consultations appropriate
   - Was there adequate supervision for the level of training
     - on the teaching ward
     - in ambulatory care
     - for consultations
   - Was the educational experience appropriate
   - Was there helpful and timely feedback during the rotation

2. The preceptors involved in the resident training program should be evaluated in an objective fashion, allowing the residents to individually assess the following for each preceptor:
   - Did the preceptor provide formal and/or informal teaching.
   - Did the preceptor stimulate the residents to learn.
   - Did the preceptor demonstrate an organized and clear approach to patient care.
   - Did the preceptor encourage the residents to take appropriate responsibility.
   - Did the preceptor provide appropriate supervision.
   - Did the preceptor provide helpful feedback.
   - Was the preceptor a good role model.
   - Were the Goals and Objectives of the rotation discussed at the beginning of the rotation.
   - Were the Goals and Objectives of the rotation met.

3. Although in an ideal world the residents should feel comfortable in providing face to face evaluations, it is recognized that this is not the case. Therefore, there must be a methodology to ensure
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confidentiality of evaluations. This is quite separate from the ability to provide anonymous evaluations, which is recognized as not being appropriate. Methods to ensure confidentiality are most important in small programs or rotations. They include:

- responses coded to remove names
- saving evaluations for a period of time so that many residents will have rotated through.
- utilizing a “running average” approach with new evaluations being added to pre-existing evaluations. It is recognized that this approach will not allow for improvements to be immediately recognized.
- group evaluations at the end of the term. It is recognized that this could be criticized because the residents may not have a complete memory of the programs/preceptors if this approach is adopted.

4. Preceptor evaluations should be constructed so that the contact type is clearly identified. Appropriate designations include:

- regular involvement on ward/teaching area
- occasional involvement on ward/teaching area
- on-call involvement only
- involvement during academic activities only

5. If evaluations are being held to assure confidentiality, an additional mechanism must be set up to allow for emergent situations. An appropriate mechanism would include the involvement of the chief resident(s) as a liaison with the program director.

6. There must be evidence that the evaluations are being utilized appropriately to improve the educational experience.

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