

Policy: Written Evaluation

Introduction:

The UMHS Pediatric Emergency Fellowship will conduct regular written evaluation of fellow trainees and the overall program (rotations and teaching faculty). General operations, and collection of evaluation forms (from fellows and faculty), will be performed by the Program Coordinator under the direction of the Program Director. All fellowship evaluation data collection forms are available on MedHub and include assessment of some or all of the ACGME six core competencies. These evaluations will be consistent with UMHS Pediatric EM fellowship evaluation policy and UMHS GME/ACGME evaluation policies.

General Evaluation procedures:

Quarterly meetings with the Program Director and individual fellows will occur to review clinical rotation evaluations by teaching faculty, procedure log, research activity, administrative activities, and teaching activities. Semi annual and annual meetings will formally review fellow progress including comment on achievement of program objectives in clinical, research, administrative and teaching aspects of the program. Written evaluation including assessment of competency in the six core ACGME competencies will be documented for each fellow at semi and annual reviews. Overall programmatic feedback from fellows will be documented at the semi and annual review to be made available to the UMHS PEM GME Committee semi and annual meetings.

Specific Evaluation Procedures:

1) Clinical Evaluations:

- a. Written evaluations by teaching faculty (including assessment of the six core competencies) will be provided for each trainee after each clinical rotation. Evaluations will be placed in the fellow's file and online (MedHub) for trainee viewing. Trainees will have ongoing access to evaluations.
- b. Fellow trainees are required to complete an evaluation of each rotation at completion of the month via MedHub.
- c. Online procedure logging (MedHub) with faculty supervision comments/acceptance of procedural skills will be performed by fellows during all clinical rotations. These will be available for fellow, Program Coordinator and Program Director viewing immediately and ongoing.
- d. The fellow will review every 6 months with the Program Director their clinical rotational evaluations by supervising faculty and procedural logs, to be signed by both the fellow and Program Director. These summaries will be placed in the fellows' permanent file office within a locked file accessible to fellows during normal business hours and copies stored electronically will be kept in the Program Director's/Program's shared ED files.

2) Research Evaluation:

- a. Fellow progress in research activity will be monitored quarterly by the PD with input from the Scholarly Oversight Committee.
- b. Fellows will submit a written research activity summary, including progress on achievement in the objectives noted in the fellowship research goals/objectives document. These materials are requested quarterly from fellows/mentors in preparation for review by the Scholarly Activity Oversight Committee (SAOC).
- c. Fellows research progress will be reviewed and formally evaluated at the quarterly SAOC meetings. Evaluation of interpersonal communication skills, professionalism and problem based learning core competencies will be included in this review. Written comments and directives from this committee will be forwarded to fellows through the Program Director and Chair of the Scholarly Oversight Com in a timely fashion (not more than one week).

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- d. Fellow evaluation of programmatic research activities will be collected at Quarter meetings with the Program Director and documented for UMHS/GME internal review and ACGME RRC review.

3) Administrative Evaluation:

- a. Fellow attendance at CES divisional meetings, EM faculty retreats (administrative) and 6 month evaluations will be collected and tracked by the Program Coordinator. Fellows are expected to meet at least 80% attendance.
- b. Evaluation of fellow attendance and participation in GMCEC meetings will be collected and available online for viewing by the fellow trainees. Core competencies evaluated will include professionalism, system based practice and interpersonal communication skills.
- c. Quality Assurance (QA) projects completed by fellows will be presented at CES divisional and/or EM departmental meeting. QA projects will be evaluated by the divisional/section head and Program Director, and will specifically include professionalism, system based practice, practice based learning and interpersonal communication skills core competency assessment. Evaluations will be placed in the fellow's performance file (Program Director) and will be available for review upon project completion.

4) Teaching Evaluation:

- a. All lectures prepared and presented by fellows will receive written evaluation by attendees. These evaluations will be summarized and forwarded to the fellow and the Program Coordinator. Summarization will be conducted by the respective Program Coordinator of lecture audience (EM, Pediatrics, etc).
- b. Evaluation of fellows by resident and medical student trainees will be sought during pediatric emergency medicine rotations using MedHub data collection forms. These will be placed in the fellow's permanent file for review with PD.
- c. Teaching activities external to UMHS (workshops, life support courses, seminars etc) will be evaluated by attendees and forwarded to Program Coordinator/Director.
- d. Documentation of participation in educational development course work (ie MESP) will be noted and added to permanent files of fellows by Program Coordinator. It is the responsibility of the fellow to submit participation updates to the Coordinator for all educational activities on a quarterly basis.

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