



# Best Practices in Rotation Evaluations

**FINAL REPORT**

2015

**Prepared by the Best Practices in Rotation Evaluation  
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## 1) EXECUTIVE SUMMARY

Postgraduate medical education accreditation requires regular review of the resources, facilities and learning environment for residency (standard B1 3.8). This review must include residents. Results of the residents' review are used by both programs and hospitals to evaluate their comparative performance.

Using a best practice approach, the Postgraduate Medical Education (PGME) Office at the University of Toronto (U of T) formed a working group in 2014 to examine the wide range of evaluation tool formats, questions and completion rates being used to evaluate rotations. The working group was chaired by Dr. Linda Probyn with membership from Program Directors (3), residents (6), undergraduate medical education representatives (1), hospital representatives (2), UME staff (1) and PGME staff (4).

The working group conducted an environmental scan of current forms and practices in POWER (U of T's centralized on-line evaluation system), reviewed rotation evaluation tools/forms from other Canadian medical schools, conducted a literature review, and surveyed residents and Program Directors. The working group discovered that there was wide variability in local program/hospital rotation evaluation practices, there were 100 unique forms with up to 68 questions per form, and rotation evaluation forms were often confused with in-training evaluation of residents (ITERs) and case logs.

With a view to quality improvement, the working group developed a new pilot Rotation Education and Site Evaluation (RESe) form that is referenced to the goals and objectives of the rotation and the rotation type (ward, OR, clinic, ICU etc.). The new form has six thematic ratings questions plus a comments section for each, uses a 5 point Likert scale (3 = pass), has one overall "how would you rate this rotation?" question, and has a comments section re: strengths and weaknesses of the rotation. Thirty-six postgraduate programs participated in the pilot of the new form, with a broad cross section from the departments of Family Medicine, Medicine, Surgery, Pediatrics, Medical Imaging, Psychiatry, and others.

Following implementation of the pilot RESe form, rotation evaluation completion rates increased from 70% in 2013-14 to 78% in 2014-15 for pilot participants. In addition, there was an improvement in validity for pilot participants as evidenced by overall and mean score distributions trending to more 4s and fewer 5s on the 5 point Likert scale. Another important finding, however, was that confusion still remains between rotation evaluations, teacher evaluations and ITERs.

The new RESe form will be implemented across all PGME programs in the 2015-16 academic year. PGME will redevelop its learner management system to address user interface and evaluation clarity and consider more frequent evaluations as part of overall assessment review. Better training and communications will be provided regarding the difference between, as well as the anonymity and confidentiality, of all evaluations.

## 2) INTRODUCTION

In order to help manage the large and growing number of University of Toronto (U of T) trainees, faculty and preceptors, rotations and evaluations, U of T introduced the Postgraduate Web Evaluation and Registration system (POWER) in 2003. POWER is a central web-based evaluation and registration system that captures each trainee's registration information, their rotation schedules and evaluations, and allows Program Directors to track their trainee's evaluation completion status and monitor evaluations. POWER has over 10,000 users and hundreds of teaching sites. Evaluation data is used by Program Directors, Department Chairs, Site Directors, Hospitals and the Postgraduate Medical Education (PGME) Office.

There are three main types of evaluations in POWER:

i) In-Training Evaluation of Residents (ITER)

ITERS are an accreditation requirement. Each residency program develops its own ITER in POWER. They are rotation specific, linked to goals and objectives and use a 5-point Likert scale, linked to the CanMEDS roles and the overall "how would you rate this rotation?" question. Standards for ITERS were reviewed in 2012 by the Postgraduate Management Education Advisory Committee and minimum standards were developed (see *Appendix 1*).

ii) Resident Assessment of Teacher Effectiveness (including Resident as Teacher) Evaluations

Evaluation of teaching is an accreditation standard. In 2011, PGME undertook the Best Practices in Teacher Assessment (BPTA) initiative, which led to implementation of the Resident Assessment of Teacher Effectiveness (RATE) form. The RATE form has 8 to 10 key questions and uses a 5-point Likert scale, linked to the overall "how would you rate this rotation?" question. Several departments have adopted a common RATE form since 2011 (see *Appendix 2*). In addition, residents are evaluated as teachers by clinical clerks. These evaluations are also available in POWER.

iii) Rotation Evaluations

Royal College of Physicians and Surgeons of Canada (RCPSC)/College of Family Physicians of Canada (CFPC) accreditation standards require regular review of the components and learning environment for residency (B1 3.8); residents must be involved in this review. Rotation evaluation results are used by both programs and hospitals to evaluate their own performance, however, there are a wide range of formats, questions and completion rates. Prior to 2014, there had been no comprehensive review of the practices and tools in POWER for learners to evaluate their rotations and learning environment.

**In 2014, the Postgraduate Medical Education (PGME) Office created the Best Practices in Rotation Evaluation (BPRE) Working Group to carry out a comprehensive review to inform the ongoing evolution of rotation evaluations at U of T.**

### 3) STATEMENT OF BPRE WORKING GROUP MANDATE

The mandate of the BPRE Working Group is to provide advice to the POWER Steering Committee and Vice Dean PGME about Best Practices in Rotation Evaluation for postgraduate medicine at the University of Toronto (see *Appendix 3*). The BPRE Working Group reports to the POWER Steering Committee. Membership includes: Program Directors, residents, undergraduate medical education (UGME) representatives, a hospital representative and PGME staff (see *Appendix 4*).

### 4) DESCRIPTION OF WORKING GROUP ACTIVITIES

The Working Group:

- 1) Undertook an environmental scan and analysis of current practices related to rotation evaluations in POWER.
- 2) Reviewed rotation evaluations from other schools.
- 3) Reviewed requirements for rotation evaluations in the context of accreditation requirements and other quality improvement activities.
- 4) Conducted a literature review.
- 5) Reviewed the Toronto Academic Health Science Network (TAHSN) Learner Engagement Survey.
- 6) Surveyed residents and Program Directors.
- 7) Identified best practices from all above work.
- 8) Developed minimum design standards and requirements for rotation evaluation forms re: accreditation, program and teaching site needs, for use in POWER.
- 9) Developed a draft prototype, the “Rotation Education and Site Evaluation (RESe)”, which was reviewed by the POWER Steering Committee.
- 10) Recommended implementation strategies including pilot testing and form review by PGME.
- 11) Presented to the Postgraduate Medical Education Advisory Committee (PGMEAC) May 23, 2014, the Hospital University Education Committee (HUEC) May 28th, 2014 and the UGME Evaluation Working Group June 25, 2014.

The working group’s efforts led to:

- 12) PGME pilot of a new RESe form.

#### a) Review of Existing Rotation Evaluation Practices at U of T

In May 2013, a review of the rotation evaluations used by PGME programs and hospitals found:

- There were 100 unique forms;
- The number of questions per form ranged from 6 to 68 (avg. 24); and

- Rotation evaluation forms were used for a variety of purposes, including case logs, exit surveys, and review of physical facilities.

The main challenges that were identified with respect to rotation evaluation forms were:

- Lack of relevance to the rotation experience;
- Low completion rates;
- Lack of comparability of information collected between rotations, residency programs and teaching sites; and
- Varied use in terms of assessment of rotation experience versus physical site.

### Figure 1 – Analysis of Rotation Evaluation Forms

Analysis of Rotation Evaluation Forms –  
May 2013

Total No. of Unique Forms		100	
<b>Average No. of Questions</b>			
Average		24	
Minimum		6	
Maximum		68	
<b>Rating Range of Questions</b>		<b>No of Forms</b>	
Only Equal to 5		93	
Has rating range greater than 5		1	
Has rating range less than 5		6	
<b>Overall Questions</b>		<b>No of Forms</b>	
Overall question mapped		88	
Overall question unmapped		9	
Overall question does not exist		3	
Forms Mapped in CanMEDS Roles		30	
Forms set up as an ITER		2	
Programs with Multiple Rotation Specific RE forms		2	
Forms set up as Procedure Log		1	
Used as an Exit Survey		1	

Frequency of Questions on RE Forms	
Workload/Service Work	72%
Quality of Feedback/Evaluation	69%
Clinical Exposure	66%
Level of Responsibility	67%
Quality of Teaching on Rotation	58%
On-call	46%
Degree of Supervision	46%
Engagement in Patient Care	42%
Clarity of Educational Objectives	27%
Nursing/Hospital Staff	25%
Hospital Services	24%
OR Experience	21%
Research	1%

## b) Literature Review

A Medline and PubMed search was conducted restricted to English articles from 2004 to current day using the following terms: rotation evaluation; resident satisfaction; graduate medical education AND satisfaction; rotation AND program evaluation; rotation experience; clinical learner engagement; field based learning; rotation based learning; and evaluation AND educational AND environment.

Most of the articles found were not directly related to rotation evaluation. Examples of published findings included: evaluation of the learner, general program evaluation, evaluation of a new curriculum (e.g., web-based), tying performance in undergraduate to performance in postgraduate, or tying performance in a rotation to performance on an exam. A common theme was that of work hour restrictions and measuring whether this was actually being implemented.

One interesting study, *Surgical rotations: the good, the bad, and the ugly*<sup>1</sup>, sought to establish criteria that defined rotations as a “dream” or “dreaded”. Residents evaluated 16 rotations at 4 different hospitals. The article includes the specific criteria that were used to assess the rotations on a scale of “inadequate”, optimal and “ideal/dream rotation”. The study concluded that the best correlations with a dream rotation were: clinical experience – quality and quantity of cases, operative experience, patient management responsibilities, and outpatient office experience.

Another article, *Trimming the Fat: Optimizing Overall Educational Value by Defining Factors Associated with Overall Educational Value (OEV) and Service-Education Ratio (SER)*<sup>2</sup> used the Division of Surgery’s end of rotation online survey to look at the rotation characteristics identified with OEV and SER. They found that the relationship between SER and OEV was inversely proportional. The study found almost all rotation data and characteristics are predictors of overall education value except for rotation length, patient care participation, and the presence of fellows.

**Figure 2 – Literature Findings**

	Scale	Domains
Surgical Rotations: the good, bad & ugly (avg. 17 raters, 16 rotations, 4 hospitals)	Inadequate, Optimal, Ideal/Dream + overall	Clinical experience, operative experience, patient management, outpatient experience, conferences, student interaction, scut work, hospital services
Trimming the Fat: optimizing overall educational value and service-to-education ratio (48 gen surg rotations)	5-point (poor/exceptional; minimal/excessive)	Ratio of educational to service activity, overall educational value, volume, complexity, & autonomy of operative experience, patient care participation & autonomy, time for reading, educational value of fellows/specialty residents, duration of rotation, teaching faculty supportive of duty hour rules

<sup>1</sup> Vijay K. Maker, Kellie D. Curtis, Michael B. Donnelly. *Surgical rotations: The good, the bad, and the ugly*, *Current Surgery*. Volume 62, Issue 1, January–February 2005, Pages 122–127.

<sup>2</sup> Caroline E. Reinke, Rachel R. Kelz, Lori Pray, Noel Williams, Joshua Bleier, Kenric Murayama, Jon B. Morris. *Trimming the Fat: Optimizing Overall Educational Value by Defining Factors Associated with Overall Educational Value and Service-to-Education Ratio*, *Journal of Surgical Education*. Volume 69, Issue 6, November–December 2012, Pages 813–818.e1

While the literature review did not uncover what was needed in terms of rotation/site specific evaluations, environmental measures were found to be well established in the literature. The most relevant literature related to education environment measurement tools were: the Postgraduate Hospital Environmental Education Measure (PHEEM) and the Anesthesia Theatre Education Environment Measure (ATEEM). The PHEEM and ATEEM appeared to cover more than a single rotation and address both teaching and the rotation experience. These and other tools can provide useful constructs and framing, and proved useful to inform the working group’s thinking about rotation-based evaluations.

**Figure 3 – Overview of Education Environment Measures**

Edu. Environ. Measure	# Qs	Scale	Sub-Scales
PHEEM (PG Hospital)	40	5-point (SA – SD)	Perceptions of: <ul style="list-style-type: none"> <li>• Role autonomy, teaching, social support</li> </ul>
ATEEM (Anaes. Theatre)	40	5-point (SA – SD)	Autonomy; Perceptions of : atmosphere, teaching/ teachers; workload/supervisor/support; learning opportunities
STEEM (Surg. Theatre)	40	5-point (SA – SD)	Perceptions of: <ul style="list-style-type: none"> <li>• Trainer &amp; training, learning opportunities, atmosphere in OT, supervision, workload/support</li> </ul>
D-RECT (Dutch Residency Education Climate Test)	50	5-point (SA – SD)	Supervision, coaching & assess., feedback, team work, peer collaboration, prof relations btwn. attendings, work adapted to competence, attendings’ role, formal education, role of specialty tutor, patient sign out

### c) TAHSN Learner Engagement Survey

The Toronto Academic Health Science Network (TAHSN) Learner Engagement Survey enables the collection and reporting of standardized learner engagement metrics for all learners in all health disciplines training in TAHSN hospitals. (Note: learner engagement is only one component of a rotation evaluation.) The TAHSN survey asks learners:

- 1) I would recommend a placement here to my fellow student.
- 2) I would recommend my preceptor(s)/supervisor(s) for future student placements.
- 3) I felt welcome and accepted as part of the team.
- 4) I was given opportunities to apply the learned theory/knowledge from school to practical situations.
- 5) I received appropriate assistance to address any questions or concerns I had about my placement.
- 6) I was able to access the resources necessary to do the work that was expected of me (e.g. library, inter/intranet, clinical/business systems).
- 7) I felt prepared to begin my placement after the orientation.
- 8) I participated in activities when two or more professions learned about, from and with each other to enable effective collaboration and improve health outcomes (Interprofessional Education).



#### **d) Resident and Program Director Surveys**

The PGME Office surveyed residents and Program Directors to seek their input on current rotation evaluation forms and practices. The main feedback themes from both groups were:

- Current forms are long and tedious;
- Many irrelevant questions;
- Confusion re: ITER vs. rotation evaluation;
- CanMEDS roles not relevant;
- There is no follow-up on issues raised; and
- Would like more opportunity for comments.

##### Resident Survey

- 80 residents responded in total (40 family medicine, 25 pediatrics, 5 medicine, 5 obstetrics and gynecology, 2 surgery, 1 PHPM and 2 psychiatry).
- Overall, 54% found current forms are irrelevant to rotation and/or site and 84% received no feedback as a result of completing the form.
- Residents are concerned about lack of anonymity in the responses they provide.

##### Program Director Survey

- 5 respondents.
- Most reviewed Rotation Evaluations once a year, some 4X at RPC and some ad hoc when alerted.
- All were shared with RPC in summary format, and rotation/site coordinators, In some cases were shared with hospital department Chief.
- All had a process in place to communicate with residents about changes – yet some PDs felt RE were lacking in granularity and that individuals responsible for affecting change may not be aware.

## **5) BEST PRACTICES FOR ROTATION EVALUATION**

Much work has been done by PGME in the past few years to develop consistency in evaluation and assessment tools: PGME's ITER project, the RATE project and the file review process/scoring for the Best Practices in Applications and Selection (BPAS) project.

Considering all PGME's work and the new information gathered by the BPRE Working Group, including a review of sample forms from some other Canadian schools, important features were identified that could apply to a new, standardized rotation and educational site evaluation form. Essential features of a new form would include the importance of observable and measurable behaviours, and a 5 point scale and open text for general comments. The Working Group agreed that rotation evaluations should not be put in CanMEDS language, but rather should relate back to the goals and objectives of a rotation.

**Figure 4 – Suggested Features for a new Rotation and Educational Site Evaluation Form**

Suggested Features for BPRE Form	
1.	Form asks for length of time spent on rotation
2.	The form indicates the details of the rotation (e.g. format of teaching [ward, OR, clinic, classroom etc.], length of time spent with supervisor.
3.	Form is a reasonable length (e.g. IDEAL 7 to 12 questions; Target MAXIMUM of 12 questions)
4.	Questions are in behavioral phrasing
5.	The form restricts questions to those elements of a rotation that the resident would reasonably be expected to observe
6.	Form includes instructions on completion
7.	Ratings are on a 5-point scale with 1 being the worst rating and 5 being the best rating. A rating of 2 or less would be considered a failure or below acceptable.
8.	Form has one final question that serves as the overall global question which stands alone from other questions and is the definitive score for global evaluation analysis
9.	The global performance question is rated on a 5- point scale with 1 being the worst rating and 5 being the best rating. A rating of 2 or less would be considered a failure or below acceptable.
10.	A “General Comments” section is available

## 6) NEW ROTATION EDUCATION AND SITE EVALUATION (RESe)

### a) Pilot Form

The BPRE Working Group developed a new RESe form in 2014 (see *Appendix 5*). The new form asks residents to evaluate the following six thematic aspects of the rotation and site:

### Pilot Form – 6 thematic questions



e.g. registration, orientation and scheduling



e.g. clear goals and objectives, formal and on the job learning



e.g. communication, supervision, graded responsibility, feedback.



e.g. respectful, collegial, collaborative and intra-professional



e.g. balance of work to service, formal/informal learning, case mix



e.g. adequacy, accessibility, safety, good working environment

The new RESe form will be used as follows:

- Serious issues raised may be flagged for prompt response by the program through established processes (e.g. the Program Director will receive an alert of low RES ratings and then address the information in a timely and sensitive manner.)
- Teaching sites and/or rotation/site coordinators will receive aggregate summaries of feedback, including comments. Aggregate summaries are anonymized (i.e. not linked to an individual).
- The aggregate data is used by the PGME/Department/Division to evaluate the rotations and sites on a regular basis.

## b) Pilot Participants

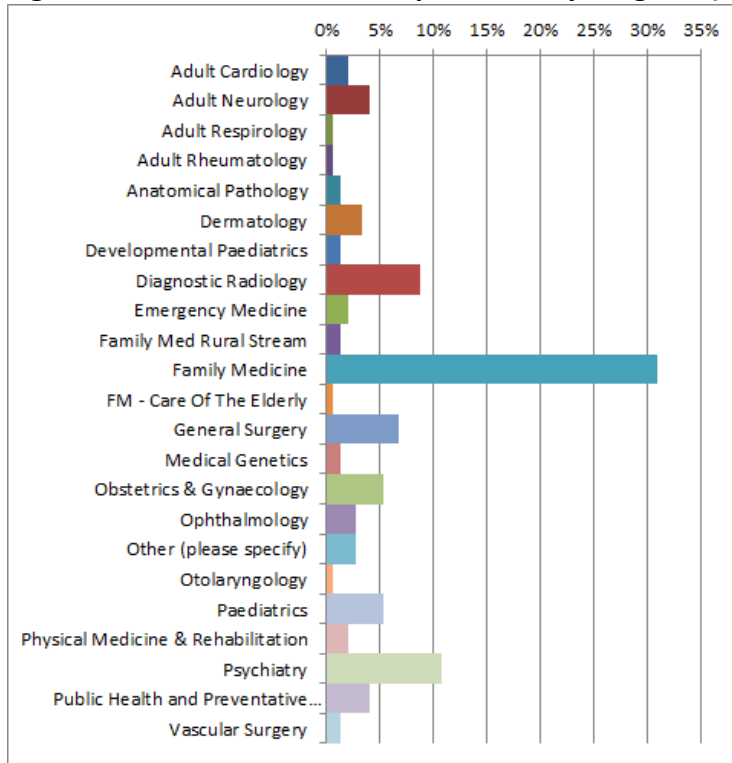
Early adopters were sought to participate in a pilot of the new form in 2014-15. Thirty-six RCPSC and CFPC programs participated in the pilot:

Anatomical Pathology	Medical Genetics	Pediatrics:
Family Medicine	Med. Imaging:	-Core Peds
Fam Med Enhanced Skills	-Diagnostic Radiology	-Cardiology
Medicine:	-Neuroradiology	-Developmental Peds
-Cardiology	-Nuclear Medicine	-Gastroenterology
-Dermatology	-Peds Radiology	-Haem Oncology
-Emerg	Obstetrics & Gynaecology	-Infectious Disease
-Endo	Otolaryngology	-Nephrology
-General Internal Medicine	Ophthalmology	-Respirology
-Infectious Disease	Psychiatry	-Rheumatology
-Neurology	Public Health and Prev Med	Surgery:
-Nephrology		-General Surgery
-PMR		-Colorectal Surgery
-Respirology		-Vascular
-Rheumatology		

## c) Pilot Results

Following implementation of the pilot, 149 residents participated in an evaluation of the new RESe form. Most respondents were family medicine, psychiatry, diagnostic radiology and general surgery residents.

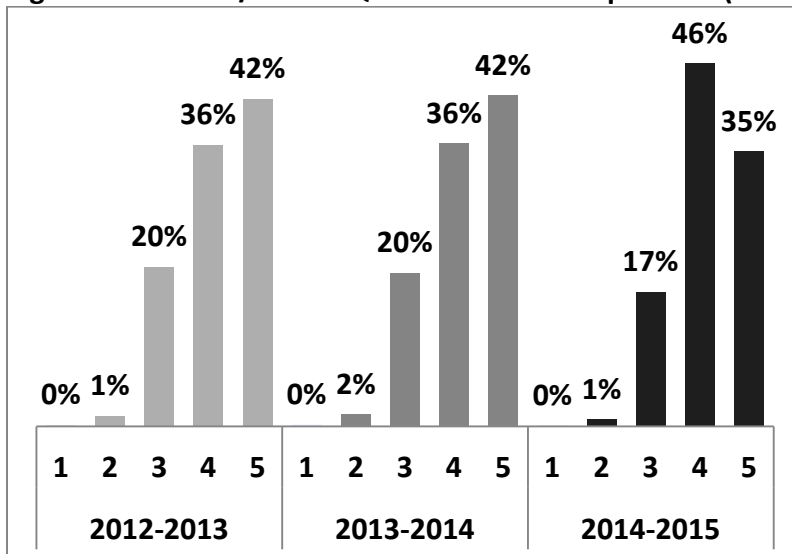
**Figure 5 – Pilot Evaluation: Respondents by Program (%)**



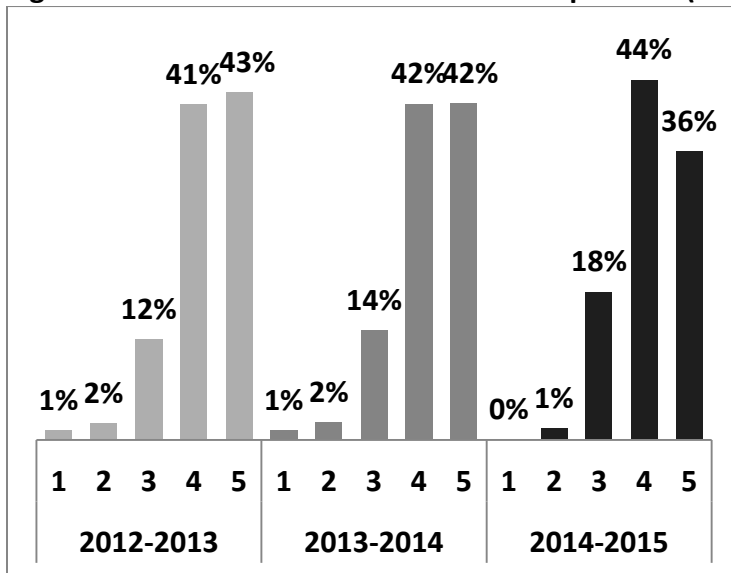
Overall Responses

- Rotation Evaluation completion rates increased from 70% (2013-14) to 78% (2014-15) for pilot participants
- The “overall” question score and the mean score distributions have trended to the left of the 5 point scale (fewer 5’s and more 4’s) – improved validity
- Confusion between Rotation Evaluations, Teacher Evaluations and ITERs still persists

**Figure 6 – Overall/Global Question Score Frequencies (n=17,000 evaluations)**



**Figure 7 – Mean of Non-Overall Score Frequencies (n=17,000 evaluations)**



Resident Review of Pilot RESe Form

- 149 residents responded to on-line survey (15% response rate)
- 86% agreed or strongly agreed that new RESe form was relevant to site and rotation
- Of the 14% who disagreed, almost 40% believed it was better than previous form.
- 82% agreed or strongly agreed that RESe was an improvement compared to previous RE
- Residents said they would like: an “app”; collapse multiple rotations at same site; reduce reminders; concern about anonymity, suitability to rotation “type

PD Review of Pilot RESe Form

- 12 Respondents (32% response rate)
- 80% agreed or strongly agreed that new RESe form was more useful (10% neutral)
- 60% agreed or strongly agreed that RESe was more relevant (20% neutral)
- 17% provided feedback to trainees and 75% shared or plan to share results with site directors and rotation coordinators
- Support: short, easy to follow, standardization
- Concerns: mapping of forms, standardization, other technical issues

Note: A limitation to the above evaluation data may have been technical issues in POWER, e.g. computer/browser compatibility.

**1) KEY LEARNINGS**

The key learnings from PGME’s pilot of the new RESe form were:

- There is a clear need for an improved rotation evaluation tool;

- There is continued concern from residents over anonymity when completing rotation evaluations;
- There is a need to balance standardization and comments with important differences in rotations; and
- Improvements are required in the RESe feedback loop.

## **7) CONCLUSION AND NEXT STEPS**

The next steps with the RESe form are:

- a) The RESe form will be implemented across all PGME programs for the 2015-16 academic session.
- b) Both the RESe and teacher evaluation forms will be available to complete from the resident's mobile device.
- c) PGME will undertake redevelopment of the learner management system to address user interface and evaluation clarity.
- d) PGME will consider more frequent evaluations as part of the overall assessment review.
- e) Better training will be provided and communications will be improved with respect to anonymity vs. confidentiality of evaluations.

With the introduction of the new rotation education and site evaluation form, PGME has completed a cycle of improvement on all three main types of evaluations in POWER – ITERs, teacher evaluations and rotation evaluations.

## APPENDIX 1: ITER Minimum Standards

### PGME MINIMUM standards for Resident In-Training Evaluation Reports (ITERS)

1. ITERS must be integrated as one assessment method within the residency programs' in-training evaluation system which must:
  - a. Be based on the goals and objectives of the program,
  - b. Clearly identify the methods by which residents are to be evaluated, and
  - c. Clearly identify the level of performance expected of residents in the achievement of these objectives.<sup>1</sup>
  
2. ITERS should:
  - a. Be of reasonable length<sup>2</sup>
  - b. Reflect an explicit and integrated mapping<sup>3</sup> of
    - i. Rotation specific goals and objectives,
    - ii. Different practice contexts (i.e. patient populations, clinical/practice, settings)
    - iii. Graded responsibility (i.e. appropriately varying expectations between years of training and/or development from junior to senior trainees)
    - iv. Allow some flexibility to incorporate program and environment specific design.
  
3. All ratings<sup>4</sup> questions will be on a 5-point scale with appropriate anchors. The anchors will be designed such that:
  - a. The anchor with value 1 will be the lowest or worst ranking
  - b. The anchor with value 5 will be the highest or best ranking,<sup>5</sup>
  - c. A rating of 3 or more is a pass (i.e. less than 3 is a failure for that item)
  
4. All forms will have 1 question that serves as the overall global performance question:
  - a. This question will be rated on a 5 point scale (with 1 being the lowest or worst ranking and 5 being the highest or best ranking) that follows the rules set out in point #1
  - b. This question will stand alone from other general performance questions and be considered the definitive score for global evaluation analysis
  - c. A rating of less than 3 is a failure of the experience
  
5. ITER forms should be coded with questions pertaining to the CanMEDs roles:
  - a. Each CanMEDs role should appear on at least 1 ITER form in your program per training level.

Approved: PGMEAC, April 27, 2012

## NOTES to PGME MINIMUM standards for Resident In-Training Evaluation Reports (ITERS)

1 Adapted from Standard 6.1, General Standards Applicable To All Residency Programs, January 2011).

2 As it is important to have many ITERS completed (i.e. multiple raters to increase reliability of ratings) when designing ITERS it is essential they are as brief as possible. Faculty are more likely to complete a form that will take 3-5 minutes than a longer form. In a 2010 PGME study of completion rates on Teacher Effectiveness Scores (TES) showed a correlation between length of form and completion. That study suggests that the ideal length in those situations is 6 ratings; that good completion rates are possible with 7-12 ratings; and that over 12 ratings have a poor completion rate.

3 The residency programs' in-training evaluation system should be documented in detail. This documentation provides clarity of expectations for faculty, residents and the program. While the whole program MUST cover each CanMEDS role over the course of the residency program, it is *not* recommended that all of the 7 roles are included each rotation/training block. Rather, each rotation or training block should select on 2 or 3 roles (i.e. including Medical Expert) so that for those 2 or 3 roles can be the focus of specific clinical learning/teaching/evaluation. A 'best practice' in program documentation is the use of a program curriculum map where each rotation or training block explicitly outlines the 2 or 3 roles (i.e. including Medical Expert) where there will be specific clinical learning/teaching/evaluation and the integrated plan across the residency program is clearly articulated. Based on the 'mapping' ITERS can also focus on those 2 (or 3 roles), each with 2-4 ratings. The other roles would be monitored on the ITER through the inclusion of 1 criterion each.

4 Non-ratings questions would include questions such as the # of procedures performed, yes/no questions, and all others where the user is not asked to rate or evaluate using a set of values and anchors

5 Approved, POWER Steering Committee, Nov 2008



## APPENDIX 2: RATE Form

Please rate the teacher on the following items.

The scale is as follows:

- 1= never or very poor - (this teacher needs help with this)
- 2= occasionally or needs improvement
- 3= frequently and adequately
- 4= usually and skillfully
- 5= always and exemplary - (should be a role model for all teachers)

	Never or Very Poor	Occasionally or Needs Improvement	Frequently and Adequately	Usually and Skillfully	Always and Exemplary	N/A
	1	2	3	4	5	N/A
<b>The teacher:</b>	0	0	0	0	0	0
Made him/herself available to me so I had the support I needed						
Encouraged me to explore my limits safely	0	0	0	0	0	0
Provided regular, prompt, meaningful feedback to me	0	0	0	0	0	0
Demonstrated respect for me as a learner and as a person	0	0	0	0	0	0
Demonstrated respect for others, including patients and team members	0	0	0	0	0	0
Stimulated learning as a dedicated and effective teacher	0	0	0	0	0	0
Was a good role model as a physician, teacher and person	0	0	0	0	0	0

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### Overall Rating of this Teacher

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- 1=Terrible learning experience and/or learned nothing useful;
- 2=Unpleasant experience and/or learned very little;
- 3=Good experience and/or learned an adequate amount;
- 4=Very good experience and/or learned more than expected;
- 5=Exceptional experience and/or learned a tremendous amount

	Terrible learning experience	Unpleasant experience	Good experience	Very good experience	Exceptional experience	N/A
	1	2	3	4	5	N/A
Overall, this teacher had the following impact:	0	0	0	0	0	0

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## APPENDIX 3: Terms of Reference

Best Practices in Rotation Evaluation (BPRE) Working Group  
Approved February 6, 2014

### **Purpose**

To provide advice to the POWER Steering Committee and the Vice Dean Postgraduate Medical Education about Best Practices in Rotation Evaluation for postgraduate medicine at University of Toronto.

### **Mandate**

The Working Group will:

- 1) Undertake an environmental scan and analysis of current practices related to rotation evaluations in POWER.
- 2) Review requirements for rotation evaluations in the context of accreditation requirements and other QI activities.
- 3) Develop minimum design standards and requirements for rotation evaluation forms for use in POWER.
- 4) Recommend implementation strategies including pilot testing and form review by PGME

### **Membership**

The Working Group will include:

- Chair (Dr. Linda Probyn)
- 2 – 3 Program Directors or delegates (including site directors)
- 2 – 3 Residents
- UGME representative
- Hospital representative
- PGME Staff (Policy and Analysis, Research and Education)

### **Timeframe and Frequency**

The group will meet a maximum of 3 to 4 times approximately every 4 weeks. Proposed timelines are as follows:

- January to April 2014 – BPRE Meetings with regular updates to POWER SC
- March to April 2014 – Consultation with HUEC and TASHN
- May 2014 – Recommendations to POWER SC and PGMEAC
- July/August 2014 – Implementation/Pilot with new forms

### **Administrative/Research Support**

Support will be provided by the Policy and Analysis Unit, PGME.

### **Reporting**

POWER Steering Committee through BPRE Working Group Chair

## **APPENDIX 4: BPRE Membership List**

CHAIR, Dr. Linda Probyn, Director, PGME

Dr. Donna Steele, Program Director, Obstetrics and Gynecology

Dr. Adelle Atkinson, Program Director, Paediatrics

Dr. Shachar Sade, Program Director, Anatomical Pathology

Dr. Amina Jabbar, Resident, Internal Medicine, PGY1

Dr. Dan Rosenfield, Resident, Paediatrics, PGY3

Dr. Dimitrios Tsirigotis, Resident, Cardiac Surgery, PGY4

Dr. Malika Sharma, Resident, Infectious Disease, PGY6

Dr. Pamela Liao, Resident, Obstetrics and Gynecology, PGY2

Dr. Steve Hawrylyshyn, Resident, Family Medicine, PGY1

Dr. Jacqueline James, Vice President Education, Mount Sinai Hospital

Dr. Rick Penciner, Director of Medical Education and the Centre for Education, North York General Hospital

Frazer Howard, Project Coordinator, Evaluations & Data Analyst, Undergraduate Medical Education

Caroline Abrahams, PGME, Policy and Analysis

Dr. Susan Glover Takahashi, PGME, Research and Education

Loreta Muharuma, PGME, Operations

Mariela Ruetalo, Secretariat Support, PGME

Alison Pattern, Secretariat Support, PGME

## APPENDIX 5: Rotation and Educational Site (RES) Evaluation - Pilot Form, July 2014

Rotation Service: \_\_\_\_\_  
Period: \_\_\_\_\_  
Trainee: \_\_\_\_\_  
Hospital/Site: \_\_\_\_\_  
Rotation Type: (e.g. ward, OR, ICU, clinic) \_\_\_\_\_

[Note: A review of the goals and objectives for this rotation may assist you in completing this form.](#)

### [About this Form](#)

#### **About the Rotation and Educational Site Evaluation Form:**

- This form is intended to rate your *overall experience* on this rotation at this site.
- To assess a specific teacher, use a Resident Assessment of Teacher Effectiveness Form (RATE)
- The Department of [X](#) is very interested in the learner experience and needs your input to monitor, support and improve this rotation and this site's educational effectiveness.
- Honest, constructive, professional information about the rotation at each site is an important professional obligation of learners.

#### **How we will use the information:**

- Serious issues you raise may be flagged for prompt response by the program through established processes (e.g. the Program Director will receive an alert of low RES ratings and then addresses the information in a timely and sensitive manner.)
- Teaching sites and/or rotation/site co-ordinators will receive aggregate summaries of feedback, including comments. Aggregate summaries are anonymized (i.e. not linked to an individual)
- The aggregate data is used by the PGME/Department/Division to evaluate the rotations and sites on a regular basis.

#### **The rating scale is as follows:**

- 1 = Unsatisfactory Experience
- 2 = Poor Experience
- 3 = Good Experience
- 4 = Very Good Experience
- 5 = Superior Experience

NOTE: 3 is a 'passing' score for this rotation and site

1. <b>ORGANIZATION</b> of rotation and site (e.g. registration, orientation and scheduling)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory organization of rotation and site, disorganized registration, unacceptable orientation and poor scheduling.		Good organization of rotation and site such as registration, orientation and scheduling.		Superior organization of rotation and site such as highly effective registration, superb orientation and scheduling.

**Comments:**

2. <b>EDUCATIONAL DESIGN</b> of rotation and site (e.g. utility of goals & objectives, effectiveness of formal learning, value of 'on the job' learning)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory educational design for rotation and site such as goals & objectives weak or not present, ineffective formal learning, limited value of 'on the job' learning.		Good educational design for rotation and site such as utility of goals & objectives, effectiveness of formal learning, value of 'on the job' learning.		Superior educational design for rotation and site such as utility of goals & objectives, effectiveness of formal learning, exceptional value of 'on the job' learning.

**Comments:**

3. <b>LEARNING SUPPORTS</b> of rotation and site (e.g. communication, supervision, graded responsibility, feedback)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory learning supports for rotation and site such as weak communication; unavailable supervision; inattentive to graded responsibility; ineffective feedback.		Good learning supports for rotation and site such as communication, supervision, assignments matches ability levels and constructive timely feedback.		Superior learning supports for rotation and site such as excellent communication, excellent supervision, highly responsive to level of skill and ability and regular and detailed coaching and feedback.

**Comments:**

4. <b>LEARNING CLIMATE</b> of rotation and site (e.g. respectful, collegial, collaborative inter and intra professional teams)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory learning climate for rotation and site such as disrespectful, not collegial, non-collaborative inter and intra professional teams.		Learning environment for rotation and site is respectful, collegial, collaborative among inter and intra professional teams.		Superior learning climate with respectful trusting relationships, and highly collegial, strong collaborative inter and intra professional teams.

**Comments:**

5. <b>EDUCATIONAL EXPERIENCE</b> of rotation and site (e.g. balance of work assignments to formal/informal learning opportunities; case mix)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory educational experience for rotation and site such poor balance of work assignments to formal/informal learning opportunities and unresponsive to learner needs for case mix.		Good educational experience for rotation and site such as balance of work assignments to formal/informal learning opportunities and appropriate case mix for learner.		Superior educational experience for rotation and site such as excellent balance of work assignments to formal/informal learning opportunities and attentive to learner needs re: case mix.

**Comments:**

6. <b>FACILITIES</b> of rotation and site (e.g., adequacy, accessibility, safety, good working environment)				
1	2	3	4	5
Unsatisfactory	Poor	Good	Very Good	Superior
Unsatisfactory facilities for rotation and site such as inadequate or poor accessibility, concern for safety and poor working environment		Good facilities for rotation and site such as adequacy, accessibility, safety and good working environment		Superior facilities for rotation and site such as adequacy, accessibility, strong safety protocols and culture and excellent working environment

**Comments:**

<b>7. OVERALL Rating</b> (NOTE: 3 is a 'passing' score for this rotation and educational site evaluation)				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Unsatisfactory Experience	Weak Experience	Good Experience	Very good Experience	Superior Experience
Significant limitations to suitability of this rotation and/or educational site.	Limitations in suitability of this rotation and/or educational site.	Solid rotation and suitable educational site.	Great rotation and educational site	Top notch rotation and educational site.

**Comments:**

<b>Describe STRENGTHS of this rotation &amp; site</b>	<b>Actions or Areas FOR IMPROVEMENT</b>
1.	1.
2.	2.
3.	3.
<b>OTHER Comments</b>	