

**Program Evaluation –
Learning how to determine whether your
educational course, clerkship, or residency
training program is “successful”**

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PROGRAM EVALUATION: Documenting and Interpreting Outcomes

PURPOSE (*why* perform program evaluation?)

DATA GATHERING (*what* data should be gathered?)
What to evaluate worksheet (pg 3-4)

EVALUATORS (*who* should be asked to gather data for the program? *who* evaluates?)

WHERE TO EVALUATE (needed resources)
Resource checklist (pg 5-6)

TIMING (*when* to perform program evaluation?)
Red and yellow flags (pg 7)

EVALUATION TECHNIQUES (*how* to evaluate?)

Undergraduate Medical Education (UME): WHAT TO EVALUATE (WHAT DATA TO USE)—think of your program:

ITEMS

ASSESSED

DONE WELL?

PRIORITY

Before the Clerkship

Qualitative:

Student self assessment

Quantitative:

Exams (USMLE, pretest)

Clinical performance evaluation (OSCE)

Cumulative GPA prior to the clerkship

During the Clerkship

Patient logs

Procedure logs

Hours

End-of-clerkship critiques

Student exit interviews

Clinical Performance evaluation

Review of write-ups

Attitudinal

Student portfolios

Professional development plans

After the Clerkship/Outcomes

Surveys

(last year of UME, graduates, program director)

Placing graduates

End of clerkship exams

(NBME, analytic, pattern)

Future exams (USMLE, ITE, boards)

Clinical performance evaluation

Student narratives

PROGRAM EVALUATION: WHO **EXAMPLES OF STAKEHOLDERS**

WHO WOULD YOU ADD TO THESE LISTS???

Residents

- Membership on Education committee

Students

- Program critiques
- Morale, teaching skills

Faculty

- Program resources, limitations
- Overall student/resident strengths and weaknesses
- Time/enjoyment with teaching

Patients

- Real or SP

Peers, Nurses, etc.

Chief Resident

- Resident problems/progress
- Resident recruiting

Clerkship/Residency Director

- Site resources and limitations
- Faculty and resident morale, teaching
- Faculty development

Oversight committees

- Academic actions
- Due process

UME: EXAMPLES OF RESOURCES FOR PROGRAM EVALUATION

<u>RESOURCE</u>	<u>PRESENT (Yes/No)</u>	<u>PRIORITY?</u>	<u>Time</u>
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Your site

Review student critiques
Review student logs
Feedback from instructors
Exit interview of students
Coordinate curriculum
Review evaluation forms
Review clinical grades or points
Review exam scores

The program

Compile and compare:
 Student critiques
 Student logs
 Evaluation forms
 Clinical grades
 Examinations

Human resources

Site coordinator
Clerical support
Education or oversight committees
Statistical consultant
Multi-disciplinary teams (e.g., social sciences)

Funding

Supplies (e.g., statistical software)
Informatics (PCs, programs, patient log system)
Research

Other

GME: EXAMPLES OF RESOURCES FOR PROGRAM EVALUATION

RESOURCE

PRESENT (Yes/No) PRIORITY? Time

Review Evaluation Forms (Global, m-CEX)
Feedback from and to instructors
Exit interview and/or survey of residents
Coordinate curriculum (meeting competencies)
Review exam scores (NBME, ITE, boards)
Review call and other schedules
Mentor faculty and residents
Compare and compile
 Resident procedure logs
 Student critiques

Human resources

Clerical support
Education or oversight committees
Mock review/external evaluators
Statistical consultant
Multidisciplinary teams (e.g., social sciences)

Funding

Supplies (software)
Informatics (PCs, programs)
Research
Faculty development

Other

UME: YELLOW AND RED FLAGS (Examples)

YELLOW (follow closely) RED (immediate attention)

Products (Outcomes)

Test scores 1SD lower from last year

Trend to higher/lower grades

Change in students ranking of specialties

Products (Outcomes)

Test scores 2 SD lower from year prior

Higher/lower clinical grades

Few students ranking primary care

Process (Content)

Rated as less valuable site

“Light” patient load rotation

Narrow spectrum of disease

Little student attention

Change in ownership of hospital

Little student autonomy

Change in key educational personnel

Low rate of return
(e.g., student evaluations, critiques)

Faculty inconsistently use evaluation
framework

Process (Content)

Report of student abuse

Too few patient encounters

No spectrum of disease

Students ignored by teachers

Hours markedly different (e.g., didactics
markedly different)

“Scut monkey”

Deterioration of facilities (e.g., remove
library, no call room)

Minimal rate of return

Faculty ignore evaluation framework

You can and should also think of these in terms of
Qualitative or Quantitative sources of information.

How will you detect your specific red and yellow flags (What to evaluate)?

GME: YELLOW AND RED FLAGS (Examples)

YELLOW (follow closely) RED (immediate attention)

Products (Outcomes)

ITE scores >1SD from last year
Board scores >1SD from last year
Trend to lower evaluations

Products (Outcomes)

ITE scores >2 SD from year prior
Board scores >2 SD from year prior
Lower global evaluations

Process (Content)

Rated as less valuable site
“Light” patient care rotation
Narrow spectrum of disease
Little student attention
Hours concerning (approaching work hour rules violations)
Change in key educational personnel
Change in ownership of hospital
Low rate of return (evaluations, critiques)
Little evaluation of core competency
Fewer experienced faculty

Process (Content)

Report of resident or student abuse
Too few patient encounters
No spectrum of disease
Students ignored by teachers
Hours markedly different (e.g., call schedule markedly different, violation of work hour rules)
Deterioration of facilities (e.g., remove library, no call room)
Very low/absent rate of return of key measures
Not evaluating a core competency
No faculty mentors

You can and should also think of these in terms of Qualitative or Quantitative sources of information.

How will you detect your specific red and yellow flags (What to evaluate)?

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