

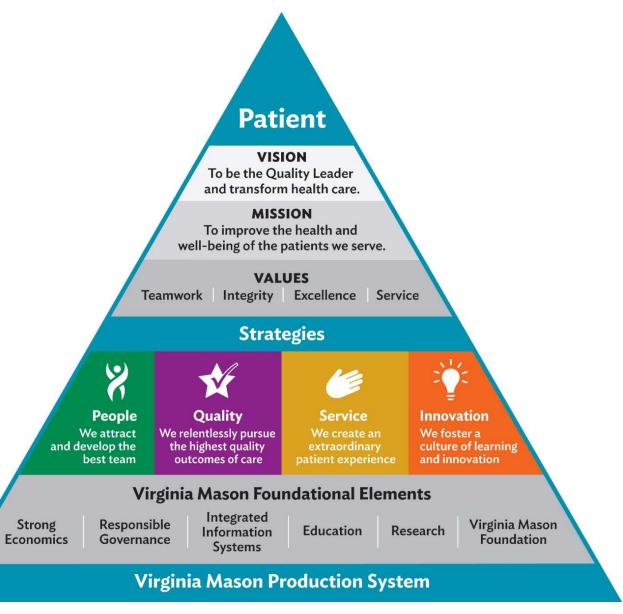
Utilizing Organizational Infrastructure for Residency Operations and Resident Evaluation Reflection and Development

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Disclosures

none





Goals and Objectives

By the end of this session, participants will:

- Have considered the structure and content of resident performance evaluations from various organizations
- Be able to identify effective elements of a performance evaluation
- Identify necessary and unnecessary variation in performance evaluations
- Have a heightened awareness for opportunities to leverage resources to align like processes with our home organizations'

In one or two words, what is your goal for attending this session?

GME Alignment with the Organization

Silo Mentality: "mindset present when certain departments or sectors do not wish to share information with others in the same company. This type of mentality will reduce efficiency in the overall operation, reduce morale, and may contribute to the demise of a productive company culture." ~ Business Dictionary/Forbes



ACGME CLER Findings 2018 - Six themes

(Clinical Learning Environment Review)

1. Engaging residents and fellows in the CLE's quality improvement and patient safety activities is essential

- 1. CLE governance has an important role to play in ensuring that GME is integrated into the CLE's strategic goals for improving patient care
- 1. CLEs must ensure that their **entire medical staff** are engaged in and able to provide a constructive role in teaching patient safety and quality improvement

ACGME CLER Findings 2018 - Six themes

(Clinical Learning Environment Review)

- 4. CLEs should excel in providing team-based, interdisciplinary, collaborative care
- 4. Burnout needs to be addressed at the **highest levels of the organization** including strategic planning by CLE executive leaders

4. Health system reorganization requires **GME programs** and their respective **CLEs to collaboratively define** and improve the value that medical education brings to the organization

2019 Organizational Goals

Quality and Safety

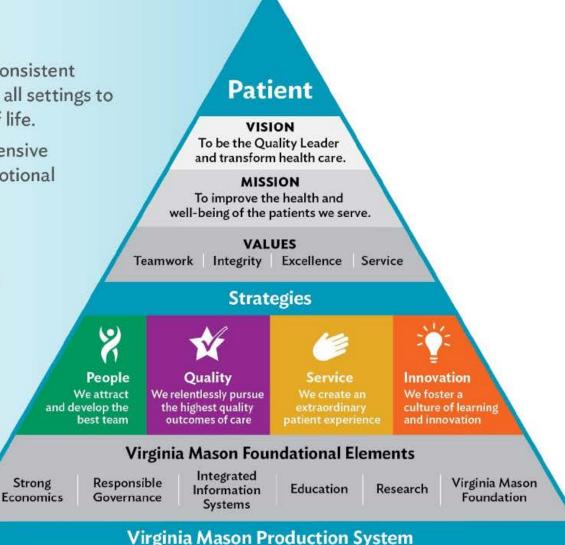
- Pain Management: Taking on Opioids. Implement a consistent approach to pain management and opioid prescribing in all settings to improve quality of care, patient outcomes and quality of life.
- Workplace Safety. Develop and implement a comprehensive workplace safety program that prevents physical and emotional harm to our team members.

Growth

- Growth Initiatives. Implement multi-faceted retention and growth strategies.
- Patient Centered Access. Provide access and convenience as key differentiators in our competitive health care market.

The Virginia Mason Experience

 Increase team member engagement and improve patient experiences in an environment where people feel valued, included and respected.





Contents of a Performance Evaluation



Background and Intent: Feedback is ongoing information provided regarding aspects of one's performance, knowledge, or understanding. The faculty empower residents to provide much of that feedback themselves in a spirit of continuous learning and self-reflection. Feedback from faculty members in the context of routine clinical care should be frequent, and need not always be formally documented.

Formative and summative evaluation have distinct definitions. Formative evaluation is *monitoring resident learning* and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- residents identify their strengths and weaknesses and target areas that need work
- program directors and faculty members recognize where residents are struggling and address problems immediately

Summative evaluation is *evaluating a resident's learning* by comparing the residents against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a neophyte physician to one with growing expertise.

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V.A.1.c)

The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)

V.A.1.c).(1)

use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)

V.A.1.d)

The program director or their designee, with input from the Clinical Competency Committee, must:

V.A.1.d).(1)

meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)

V.A.1.d).(2)

assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)

V.A.1.d).(3)

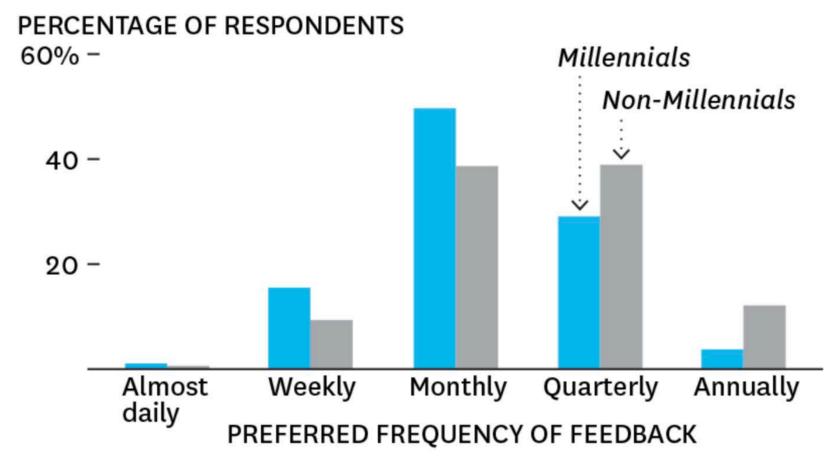
develop plans for residents failing to progress, following institutional policies and procedures. (Core)

Who are our learners:

- Approximately 80 million millennials
- Born between 1981 and 1997: ages 22-38 years old
 - Grade 1=6
 - Grade 12=18
 - Graduate College=22
 - Graduate Medical School=26
- By 2025, they will comprise 75% of the workforce

HOW OFTEN EMPLOYEES WANT FEEDBACK FROM MANAGERS

Most millennials prefer monthly.



Group Work

Get into groups

Introduce yourself
Where you are from
Organization and role
Something you are grateful for

One to two words write down: write down the most important content to cover during a performance evaluation

Resident Evaluations (10 min)

- Why do we do performance evaluations?
- What is the agenda for the encounter?
- What are the most important discussion points during the performance evaluation?
- How do these encounters foster development?

Resident Evaluations Report Out

- Why do we do performance evaluations?
- What is the agenda for the encounter?
- What are the most important discussion points during the performance evaluation?
- How do these encounters foster development?

Have a look at your own organizations performance evaluation tools.

Do they cover the traits we came up with as a group?

What are the differences between the resident's evaluation and yours?

Organizational Tools (10 min)

 Do the organizational tools contain the principles proposed by the group?

 How do your employment performance evaluations differ from your resident performance evaluations?

Our Approach



Transitional Year Performance Evaluation Summary Resident: Jesse Jones, MD

Program Director/Evaluator: Ryan Pong, MD

Training Dates: 6/20/2017-6/24/2018 Future specialty: Anesthesiology

☐ 1st Performance Evaluation

☐ Mid-Year Performance Evaluation

☐ 3rd Performance Evaluation

X Summative Performance Evaluation

The following table is based on the demonstrated performance of this physician during residency training, personal observation by members of the Transitional Year Clinical Competency Committee, and a composite of multiple evaluations by supervisors. Unless otherwise noted, there were no suspensions or disciplinary actions involving this physician. The scale corresponds to the ACGME Reporting Milestone levels for Transitional Year.

	No information	Entrance into TY Level 1	Level 2	Targe	luation et for TY vel 3	0	Completion f Categorica Residency Level 4	1	Aspirational Level 5
Patient Care] [
Medical Knowledge] [X [
Systems based practice] [\boxtimes				
Practice-based learning and Improvement] [X			
Professionalism						X .			
Interpersonal Skills and communication] [X			

Quarterly TY Performance Summary and Self-Assessment

Summarize performance for the review period.

- Team Member Completes Green Sections
- Leader Completes Blue Sections

Perf	ormance Period (circle one):	Q1 (Jul-Aug-Sep)	Q2 (Oct-Nov-Dec) Q3 (Jan-Feb-Mar) Q4 (Apr-May-Jun)
Resi	dent Name:		
	Attestation Checklist:	Leader	Attestation Checklist: Resident
	This resident is fully complian mandatory requirements and and/or certifications on the callinguistics.	d required licenses	We have reviewed the role-specific competencies and principal accountabilities for this resident. We have reviewed clinical evaluations on the myevaluation's platform. If applicable, role-specific
	Performance Success goals are current and regular check-in conversations have occurred.		competencies, accountabilities and expectations that do not meet minimum standards are documented in a Performance Improvement Plan.
1	Please provide 3-5 specific exa Resident Self-Assessment: Click here to enter text.	mples of this residen	's KEY ACCOMPLISHMENTS for this performance period.
	Program Director Comments: Click here to enter text.		
1	Please provide 2-3 specific exa Resident Self-Assessment: Click here to enter text.	mples of this residen	's key STRENGTHS for this performance period.
	Program Director Comments: How do you fill the gap in knov	vledge?	
<u> </u>	Please provide 2-3 specific exa Resident Self-Assessment: Click here to enter text.	mples of this residen	s's AREAS FOR DEVELOPMENT for this performance period.
	Program Director Comments: Click here to enter text.		
<u> </u>	Please provide a BRIEF SUMM Resident Self-Assessment: Believe I completed graduation		nd WORK TO BE COMPLETED for this performance period.
	Program Director Comments: Click here to enter text.		
	Please provide, plans for the co Resident Self-Assessment:	oming year. Include io	leas for RESULTS-BASED and DEVELOPMENT GOALS .
	Program Director Comments: Click here to enter text.		
1	Please provide ADDITIONAL CO Resident Self-Assessment: Click here to enter text.	DMMENTS:	
	Program Director Comments:		

TY PERFORMANCE SUMMARY AND SELF-ASSESSMENT

F	Resident Name:	
1	st evaluation date:	
2	and evaluation date:	
3	rd evaluation date:	
Pleas	e provide 3 5 specific examples of this your KEY ACCOMPLISH	MENTS for this performance period.
	Resident Self-Assessment	Program Director Comments
1 st		
Eval		
2 nd		
Eval		
3 rd		
Eval		
	Please provide 2 3 specific examples of my key STRENGTHS	for this performance period.
	Resident Self-Assessment	Program Director Comments
1 st	Resident Self-Assessment	Program Director Comments
1 st Eval	Resident Self-Assessment	Program Director Comments
_	Resident Self-Assessment	Program Director Comments
Eval 2 nd Eval	Resident Self-Assessment	Program Director Comments
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Eval 2 nd Eval 3 rd Eval		
Eval 2 nd Eval 3 rd Eval	Resident Self-Assessment se provide 2 3 specific examples of this resident's AREAS FOR period.	
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2 nd Eval 3 rd Eval Pleas	se provide 2 3 specific examples of this resident's AREAS FOR l period.	DEVELOPMENT for this performance
2 nd Eval 3 rd Eval Pleas 1 st Eval 2 nd	se provide 2 3 specific examples of this resident's AREAS FOR l period.	DEVELOPMENT for this performance

Action Plan

Key learnings:

Barriers to implementation:

Resident Meeting Model

Resident Meeting Model

Explore the reasons we meet with residents as a group?

Do meetings serve to develop?

How do you work leadership, engagement, organizational alignment and development into your regular meetings?

What we did

Attended surgery STOR (State of the Residency Meeting)

Stole format from STOR

Stole format from our Professional Staff Meetings

Stolen A

2018 Organizational Goals

Date: Septer

Time: 7:00 -

Meeting Purp

Engage and align

Quality and Safety

- · Reduce hospital readmissions by ensuring patients safely transition from one care setting to another.
- Implement organizational best-practice guidelines, processes and tools to improve prescribing practices and reduce the number of opioid prescriptions.

- · Ensure patient centered access by providing each patient with the right care, at the right time, with the right team.
- Implement multi-faceted retention and growth strategies to ensure the sustained strength of Virginia Mason.

Patient

VISION To be the Quality Leader and transform health care

MISSION To improve the health and well-being of the patients we serve

VALUES Integrity Excellence Ser

Strategies

-19 Flu Season

Voice of the Patient

3rd Annual **Innovation Expo** October 24th

11 am - 3 pm in Lindeman C, D, F, and G

Save the date!

Come and visit with inventors and discover innovation at Virginia Mason.

Stop by, enjoy a snack, and be amazed by 25 innovative projects from your colleagues. Lynne Chafetz, Ryan Pong and Paul Plsek are co-chairing this exciting event.

A Kaizen Promotion Office Production

ations begin at all Virginia Mason locations.

or all team members



a.m. to 2 p.m., Volney Richmond Auditorium

6 to 9 p.m., Hospital Cafeteria

t Metro, Room 584, 8 a.m. to noon

Lindeman 5 Elevator Lobby, 6 to 9 a.m.

t Metro, Room 584, noon to 4 p.m.

requests are due to Employee Health

adline. All team members must be immunized!

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Save for closing wordle



Each Person.
Every Moment.
Better Never Stops.