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## General Considerations

The ACGME has defined 6 general competencies for residents that must be integrated into the curriculum and evaluated using objective assessments and multiple evaluators. Although many programs and institutions regard their trainee's clinical teaching skills as an important 7th competency, participating in the education of patients, families, students, residents and other health professionals is actually a component of practice-based learning and improvement. The ACGME General Requirements for curriculum and evaluation can be found in Appendices A and B. Like the ACGME, when we use the term 'resident' in our report we refer to both UCSF residents and fellows.

The ACGME requires each competency to be assessed using a minimum of 2 different tools. To assist programs in compliance with the requirements and improve uniformity in our assessments at UCSF, the Task Force proposes a set of core measures to be used across GME programs at UCSF. Training programs are encouraged to add additional items to these tools to address the specific objectives of their programs and to use additional tools when necessary.

The assessments we conduct are formative in that they are used primarily by residents and their mentors to provide feedback and develop future learning plans and goals. According to the ACGME summative assessment occurs at completion of the training program, at which time the program director must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision

It is important to distinguish our Task Force's work from the implementation of electronic portfolios for learner assessment at UCSF School of Medicine. A portfolio is a purposeful and longitudinal collection of tangible evidence of learner-selected work that exhibits the learner's efforts, progress or achievement. The portfolio features the criteria for selection and judging merit, and includes evidence of learner reflection. In this context, evaluation tools provide 'tangible evidence' of learning. However, even the most robust assessment system should not be regarded as a portfolio without the key elements of learner-centered work and evidence of learner reflection.

This report includes a series of short guides with evaluation tools and workflow documents to help programs implement the assessments. We developed each guide to be a stand-alone module including only the most essential information for program directors and coordinators. The Task Force discourages programs from implementing an evaluation tool without first considering the recommendations included in the corresponding guide.

Our report also includes recommendations for the evaluation of medical knowledge and systems based practice, a resident progress report for semi-annual, review, and recommendations for conducting the annual program review including assessment of faculty teaching and a program progress report.

The guides and tools are accessible via the GME website and the GME E\*Value system.

Questions about the tools and guides should be directed to:

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GME Evaluation Handbook: <http://medschool.ucsf.edu/gme/curriculum/evaltools.html>