

EFFECTIVE INTERN EVALUATION

One of the most critical, but for many of us the most difficult, aspects of clinical precepting is how to effectively provide evaluation. If you follow the 5 Microskills Teaching Model, you will constantly be providing mini-evaluations. But what we're talking about here is the more formal evaluation. Before we specifically talk about the different types of formal evaluation, there are a few keys to effective evaluations.

First, in order to evaluate an intern, a preceptor must be continuously gathering information about the intern's performance. That information generally comes from a number of sources such as presentations, tasks, and projects. Other sources of information might be questioning the intern periodically to assess their thinking about clinical situations, as well as talking with other members of the interdisciplinary team and patients. Having a number of sources allows a preceptor to have a more well-rounded 'picture' of the strengths and weaknesses of the intern. However, it also requires that the preceptor plan ahead.

Another important issue in evaluation is focusing on the observable behavior, rather than the person. This is not difficult to do but may take some 're-training' of your thought processes. Examples: instead of saying "you jumped right in to the visit with Mr. X and it was obvious that you spoke at too high a level for Mr. X", you might say "it is more effective to determine what level a patient is capable of understanding by chatting a few minutes at the beginning of your visit, then adjusting the level of the counseling to be at the appropriate level".

It is also more effective to focus on positive behaviors for the future rather than focusing on what was done wrong. An example might be saying "...next time try..." instead of "don't do...". This type of evaluation is less likely to be perceived negatively by the intern and will get across your message more effectively. It should also result in improved performance more often – which is what we're really after with evaluation.

Last, and among the most important general guideline for all evaluations is to be candid. Interns have reported that "effective preceptors were honest and direct" (Gates & Cutts, 1995). This is sometimes difficult for preceptors after working closely with an intern and developing a relationship. But, it is critical. Remember that evaluations are used to mold the intern's professional practice and that cannot be done as effectively when a preceptor is not honest about deficiencies. The other aspect is to be direct. Too often we assume someone knows when they have not performed well, but we should not assume that to be true. Some interns assume that if nothing was said, their performance was fine. Make sure you do not send the wrong message by being less than direct.

Formative Evaluation

Evaluation takes two forms. The first is **formative evaluation** that comes at intervals during a supervised practice experience. The focus of formative evaluation should be on improving the intern's performance during that particular rotation. This is often termed 'feedback' and is also known as process evaluation. Whatever the name, this evaluation can be formal or informal but is generally informal and is "used to promote steady growth and progress toward a goal over time" (www.med.unc.edu). Formative evaluation is extremely important in molding the intern's behavior by positively reinforcing the behaviors you want them to continue and letting them know which behaviors you do not want them to continue (Gates & Cutts, 1995). Positive reinforcement and correction are both important parts of formative evaluation. While we often think others know when they have done something right, we should not make this assumption about interns (Ende, 1983). Letting the intern know what they have done right is just as important as letting them know what was not right – and makes it easier for them to 'hear' what was not done right.

Formative evaluation should be presented as less judgmental and more helpful in nature. Formative evaluations generally are not graded and should be viewed by the intern and the preceptor as a guide to behavior that, if followed, will result in a better assessment (grade) at the end of the experience. Frequent formative evaluations also help the intern to understand the preceptor's expectations. When formative evaluation is not part of the rotation, interns often report that they did not understand what the preceptor was expecting until the end of the rotation - not a good way to help the intern grow in their clinical skills.

Summative Evaluation

The **summative evaluation** (sometimes called outcome evaluation) is done at the end of an experience and is the evaluation that is returned to the internship faculty. Copies of our evaluations can be found in the Evaluation folder at this site. While one of the points of summative evaluation is a grade, preceptors should still view summative evaluations as opportunities to mold the intern's behavior and future clinical practice. Thus, the summative evaluation should be an objective assessment of the intern's performance and should help the intern understand which behaviors/knowledge they need to focus on in subsequent rotations. We would expect that the intern receives better evaluations as they progress through their rotations.

Please remember that we need an objective summative evaluation in order to know how to direct the intern's learning from that point. It is not easy to give the intern a less than perfect evaluation, but that is not helpful. Remember that

you are in a role that requires you to be objective – not to be the friend of the intern.