



CONFERENCES & MEETINGS

GRAND ROUNDS
Thursday, March 10, 2005, 7:30 AM
Clinic Auditorium

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Training in Internal Medicine: Past, Present and Future

FROM DIVISIONS

- The Department of Medicine received a Gold Award from UNC for contributions to the 2004 State Employees Combined Campaign for reaching 133% of our goal. Congratulations to everyone who contributed.
- Published in this month's Journal of Clinical Investigation (Vol 115: 680-687): "Rap1b is required for normal platelet function and hemostasis in mice." DOM authors are from Divisions of Oncology/Hematology and Cardiology: Drs. **Magdalena Chrzanowska-Wodnicka, Susan S. Smyth, Gilbert C. White, II.** and others.

ANNOUNCEMENTS

- To review the **Five-Year Review Self-Study Report** about the department go to: medicine.med.unc.edu/selfstudy.
- **Department of Medicine Faculty Research Retreat** is scheduled for Tuesday, May 3, 2005, 5-8pm. Details forthcoming.

FROM THE CHAIR'S OFFICE

Today, my comments will focus on all of our roles in education, specifically in regard to resident education. Our residents play a number of important roles. They are front line care providers for our patients both in the hospitals and in the clinics. They are our ambassadors for our patients, our faculty, for those we recruit to our residency (the "match" is happening this week, where we find out who has matched with our program), and for our students. With all the changes in health care that have occurred, our interns and residents remain constant, one of our very top priorities, and a wonderful success story.

So, why the focus on resident education? What I'd really like to emphasize is an area in which we can all improve, and that is our evaluation of our housestaff. Our interns and residents, like all of us I think, crave feedback. They want to know when they've done well, and they want to know where they need to improve. While everyone would like to hear that they are perfect in every way, we all

know that we're not and I've found that our housestaff are very responsive to constructive criticism and are amazingly resilient. But no one can reach their potential without evaluation, and it is here that we sometimes need to improve.

Although the Accreditation Council for Graduate Medical Education (ACGME) has an absolute requirement that evaluations be done, this is not even the most important reason for us to be more conscientious in filling our performance evaluations. The most important reason is so that our residents can learn from their evaluations and become even better physicians than they already are. It takes time to fill out the forms and it takes time to go over your evaluation with the intern or resident you are evaluating, but it is time very well spent. For the ACGME, residents "must" be evaluated in writing and their performance reviewed with them verbally on completion of each rotation period. The form for the "attending to evaluate the resident" lists the ACGME six core competencies: patient care, medical knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism and system-based learning. The attending evaluates the resident and scores 1 (unsatisfactory) through 9 (superior) and there is space for comments at the end. These forms can be accessed through our [Department Home Page](#) where we placed two new important links under Education - one for the attending and the other for the resident. These were added because faculty and residents have said that if we link the form to our home page, it will make it easier to access the form and fill out evaluations.

Residents play a major role in this process too. Provision must be made for residents to confidentially provide written evaluations of each teaching attending at the end of a rotation. The form for the residents "resident to evaluate the attending" has 6 "yes" "no" questions and room for comments at the end. Residents should note that when completing the form, we ask that they add their name to the form. This information is kept in the strictest confidence and is used only by the Housestaff Office to track when they are completed and disappears from view once submitted.

At the end of the day, we'll all be better off if we take the time to evaluate our housestaff, as we will be from their evaluations. Please take the time to fill out these forms and to spend the time going over the evaluations with your housestaff. I'll talk about medical student evaluation in another column. You may be surprised to hear that many students and housestaff have asked to be evaluated formally and to go over these evaluations with their faculty. So, even though it takes time and effort, please help our trainees reach their full potential. Until next week.

Questions or submissions, contact Rosemary_Simpson@med.unc.edu