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Summary of the status of the On Call Tool (OCAT) as an evaluation tool

I. Validity

A. Process of tool construction

1. The tasks for evaluation of the On Call Tool (OCAT) were selected from educational objectives and from generally accepted and previously published norms of on call practice
2. The specific tasks in OCAT were selected using a formal task analysis that was based in part on survey data of faculty at a single tertiary care teaching hospital (The University of Cincinnati) but agreed upon by consensus with a second teaching institution (The University of Iowa).
3. The OCAT checklist tasks represent the important issues in examining the ophthalmic patient on call
4. The OCAT working group for the evaluation tool construction included experts in ophthalmology and is in press for publication in the peer reviewed literature (Ophthalmology)

B. Formal statistical validation (at least two) with adequate "n"—will probably require multicenter involvement in validation process.

1. Preliminary data from multiple institutions (to be published) show a statistically significant relationship between training year and rating on the task
2. There is no data that faculty do better than initial trainees on the evaluation tool
3. There is no data to show that residents improve over time on repeated testing with the OCAT
4. The OCAT data is kept in the resident portfolio but linkage with chart audit and change in performance over time has not been studied yet.
5. Task performance improvement in a post-intervention assessment has not been assessed yet with the OCAT
6. The OCAT has external face validity and discriminative validity

II. Reliability

A. Process of evaluation

1. The OCAT reviewers were not trained
2. The scoring rubric was appropriate for the measure (quantitative assessment)

B. Statistics (at least two measures)

1. The preliminary data shows internal consistency and inter-rater reliability
2. The preliminary data show reasonable test-retest reliability data
3. There is no G-coefficient analysis for generalizability for the OCAT

III. Feasibility

A. The residents and faculty completed the evaluations in a useful way

B. The evaluations are useable in a quality improvement model (e.g. repeat OCAT over time)

C. There is a modest time burden for one faculty member per month (2 hours) that is reasonable for most faculties

IV. Objectivity: The OCAT conforms to reasonable standards of objectivity (standardized checklist)

V. Fairness: All trainees of equal ability achieve the same score on the instrument

VI. The OCAT addresses the competency of patient care, medical knowledge, and professionalism. It is strengthened by linkage with self-documentation in a resident portfolio and could be correlated with a repeat OCAT documenting change in behavior over time to demonstrate improved skills over year of training (discriminative validity). The OCAT could also be correlated with global evaluations (concurrent validity).

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