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Summary of status for global evaluation forms as a tool

I. Validity

A. Process of tool construction

1. The tasks for the global evaluation of the selected from educational objectives and from generally accepted and previously published norms of practice
2. The specific tasks in the global evaluation were selected using a formal task analysis that was based in part on survey data of the ABO Task Force for the competencies
3. The global evaluation represents the important issues in resident attitude, performance, and professionalism.
4. The working group for the tool construction included experts in ophthalmology and the global evaluation form has a long tradition of use formally in residency programs

B. Formal statistical validation

1. There is qualitative data to suggest a 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
4. Task performance improvement in a post-intervention assessment has not been assessed yet with the global evaluations
6. The global evaluation form has external face validity and qualitative discriminative validity

II. Reliability

A. Process of evaluation

1. The global evaluation form reviewers were not trained
2. The scoring rubric was appropriate for the measure (qualitative and quantitative assessment)
3. No published reliability data exists for global evaluations for ophthalmology. The ACGME cites military and education literature applications with reliability up to 0.90.

B. Statistics (at least two measures)

1. There is no internal consistency and inter-rater reliability data for the global evaluation in ophthalmology but there is qualitative data from the literature
2. There is no ophthalmologic data to show test-retest reliability data
3. There is no G-coefficient analysis for generalizability for the global evaluation

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 global evaluations over time)

C. There is a modest time burden for one faculty member per month (1 hour) that is reasonable for most faculties

D. Recommendations

1. An electronic format is recommended for data collection
2. We recommend that the current "approved" global evaluation form be significantly shortened to improve reliability, faculty participation, and validity.
3. We recommend that the global evaluation form ask "fewer questions of more observers".
4. We recommend confining the faculty global evaluation form to three domains: medical knowledge, patient care, and professionalism
5. We recommend that the non-faculty (360 degree) global evaluations confine content to one domain (professionalism).

F.

IV. Objectivity: The global evaluation form conforms to reasonable standards of objectivity
V. Fairness: All trainees of equal ability are presumed to achieve the same score on the instrument but quantitative data is lacking
VI. The global evaluation addresses the competency of patient care, medical knowledge, interpersonal and communication skills, and professionalism. It is strengthened by linkage with self-documentation in a resident portfolio and could be correlated with serial global evaluations documenting change in behavior over time to demonstrate improved skills over year of training. Scores on global evaluations should be compared with other tools to determine concurrent validity.