The Struggle is Real
Introducing the Resident Check-In Tool: Identifying at risk Seniors and Interns

APDIM 2018
Loyola University Medical Center
Jennifer Ray, MD  Joshua Newman, MD  Daniel Sisbarro, MD
March 2019 in the Chief Resident office...

A SCENARIO
• A hospitalist pages you to discuss an intern after a month of service.
• The attending tells you that this intern has poor clinical judgment, is extremely disorganized, and will not be ready to transition to PGY2 year.
• Prior evaluations were unremarkable
QUESTIONS?

How did we miss this?
What could we have done to prevent this?
• Review evaluation system for Medicine residents
• Highlight limitations in formal evaluations
• Show importance of Chief Residents in identifying struggling interns and seniors
• Share Loyola’s experience using a standardized Intern Check-In Tool
• Introduce our new Senior Check-In Tool
• Think about how your program can incorporate an early identification system for struggling interns & seniors

Why We’re Here Today
Who We Are

- Loyola University Medical Center is a 559 bed quaternary referral center just outside of Chicago
- Affiliated with Hines VA Hospital, a 483 bed hospital
- 130 Residents, 5 Chief Residents
Design of our Program

- 130 residents scheduled into a 4+1 system
- 5 firms
- One firm on clinic week at a time
THE FORMAL EVALUATION SYSTEM
Structure and Drawbacks
ACGME Competencies

- Patient Care
- Medical Knowledge
- Systems Based Practice
- Practice Based Learning and Improvement
- Professionalism
- Interpersonal and Communication Skills
Manages patients with progressive responsibility and independence. (PC3)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot advance beyond the need for direct supervision in</td>
<td>Requires indirect supervision to ensure patient safety and quality</td>
<td>Independently manages patients across inpatient</td>
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<td>the delivery of patient care</td>
<td>care</td>
<td>and ambulatory clinical settings who have a broad</td>
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<td>spectrum of clinical disorders including</td>
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<td>undifferentiated syndromes</td>
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<td>Cannot manage patients who require urgent or</td>
<td>Requires direct supervision to ensure patient safety and quality</td>
<td>Seeks additional guidance and/or consultation as</td>
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<td>emergent care</td>
<td>care</td>
<td>appropriate</td>
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<td>Appropriately manages situations requiring urgent</td>
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<td></td>
<td></td>
<td>or emergent care</td>
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<tr>
<td>Does not assume responsibility for patient management</td>
<td>Inconsistently manages ambulatory complaints or common chronic</td>
<td>Effectively supervises the management decisions</td>
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<tr>
<td>decisions</td>
<td>disease management in the ambulatory setting</td>
<td>of the team</td>
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<td></td>
<td>Inconsistently provides preventive care in the ambulatory setting</td>
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<td></td>
<td>Provides appropriate preventive care in the ambulatory setting</td>
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<td>Provides comprehensive care for single or multiple diagnoses in the</td>
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<td>Intensive care unit</td>
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<td>Instills crisis plans for urgent or emergent care</td>
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<td>Cannot independently manage complex inpatients requiring intensive</td>
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<td></td>
<td>care provided by junior members of the physician-led team</td>
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PGY1

PGY2

PGY3
 Clinical Competency Committee

- Reviews the progress of all trainees
- Advises the Program Director about promotion for each trainee
- Determines each resident’s milestone scoring
- Composed of
  - Faculty
  - Associate PDs & Program Director
  - Chief Residents
• The 1st Intern CCC (December)
  • Typically identifies a small number of struggling interns
  • A follow-up plan is created
• The 2nd Intern CCC (March)
  • Focuses on readiness for advancement to PGY2 year
BREAKOUT SESSION 1
• As a senior resident, what is your experience with the evaluation system at your institution?
• Have you identified any limitations in the system?
REVIEW BREAKOUT SESSION

What were the limitations in your program’s evaluation system?
Evaluation Process Limitations

- Grade inflation
- Evaluations not completed by faculty or peers
- Evaluation fatigue
- Lack of understanding of the milestone system by our evaluators
- Unwillingness/fear of our evaluators to raise concerns or critique struggling interns
- Milestones do not always address the specific skills needed by interns
- Inter-observer variability
- Limited direct observation of interns by attendings
Why Use a Check-In Tool?

- **RESIDENTS**: 64.6% Complete Evaluations
- **FACULTY**: 55.8% Complete Evaluations
BACK TO OUR SCENARIO
March 2019 in the Chief Resident office
Scenario – March 2019

• A hospitalist pages you to discuss an intern after a month of service.
• This attending tells you that this intern has poor clinical judgment, is extremely disorganized, and will not be ready next year as a PGY2.
• This intern’s formal evaluations show no red flags
How Will You Handle This?

- Gather Information
- Define Problem
- Action Plan
BREAKOUT SESSION 2

As a senior resident, how would you define a struggling intern?
• As a big group:
  • Name categories in which interns may struggle

• As a small group:
  • Within your assigned category, generate two specific questions that might help assess an intern’s performance
REVIEW BREAKOUT SESSION
CREATING AN INTERN CHECK-IN TOOL
## Old Version of Check-In Tool

**Intern Check In**

**Intern Name:** ____________  **Service:** ____________

1. How is your intern doing overall? Engaged/interested?
2. What time is he/she arriving? Leaving?
3. Is your intern able to obtain AM sign out
4. Pre-rounds:
   a. Able to see all patients assigned?
   b. Able to obtain vitals and necessary info?
   c. Able to formulate basic plan
5. Rounds:
   a. Able to present patients on rounds?
   b. Able to make an organized checklist of “to-do’s”
6. Post-rounds:
   a. Orders & prioritization of orders
   b. Procedures
   c. Notes
   d. Attending conference
   e. Calling consults
   f. Writing/giving sign out
7. Wellness: hygiene, punctuality, professionalism
8. Responsiveness to feedback?
9. Any other notes/concerns
• Goal: More objectively identify intern deficiencies
  • Yes/No format
    • If yes, then how often?
• Efficiency
• Professionalism
• Organization
• Communication
• Mental Health/General Well-Being
<table>
<thead>
<tr>
<th>Intern Name:</th>
<th>Date:</th>
<th>Senior Name:</th>
<th>Service:</th>
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**Efficiency**

1. Has the intern stayed past 6pm to finish notes?
   - Yes
   - No
   - How often?

2. Has the intern completed a discharge summary > 48h after discharge?
   - Yes
   - No
   - How often?

Comments:
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
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</thead>
<tbody>
<tr>
<td>Refuses to recognize the contributions of other</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient</td>
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<tr>
<td>interprofessional team members but does not recognize</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
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<td>how/when to utilize them as resources</td>
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<td>Frustrates team members with inefficiency and errors</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Actively engages in team meetings and collaborative decision-making</td>
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<td>Efficiently coordinates activities of other team members to optimize care</td>
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<td>Viewed by other team members as a leader in the delivery of high quality care</td>
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<td>Professionalism</td>
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<tr>
<td>3. Have you had to talk to the intern about poor attitude?</td>
<td>Yes</td>
<td>How often?</td>
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<td>4. Has a nurse or ancillary staff ever commented negatively on the intern's conduct?</td>
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<td>5. Does the intern demonstrate change in response to feedback?</td>
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<td>6. Has the intern come late to work in the morning or evening?</td>
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<td>7. Has the intern ever not sent signout to an oncoming resident or team (or sent at an unreasonable time)?</td>
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<td>8. Has the intern come to work dressed inappropriately or with poor hygiene?</td>
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<tr>
<td>Lacks empathy and compassion for patients and caregivers</td>
<td>Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</td>
<td>Demonstrates empathy, compassion and respect to patients and caregivers in all situations</td>
</tr>
<tr>
<td>Disrespectful in interactions with patients, caregivers and members of the interprofessional team</td>
<td>Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion</td>
<td>Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</td>
</tr>
<tr>
<td>Sacrifices patient needs in favor of own self-interest</td>
<td>Inconsistently considers patient privacy and autonomy in all interactions</td>
<td>Emphasizes patient privacy and autonomy</td>
</tr>
<tr>
<td>Blatantly disregards respect for patient privacy and autonomy</td>
<td>Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate</td>
<td>Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>How often?</td>
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<tr>
<td>9. Has the intern ever failed to complete a crucial task?</td>
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<td>10. Has the intern ever forgotten to pre-round on a patient?</td>
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<td>11. Has the intern ever forgotten to sign a note?</td>
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<td>12. Are there major inaccuracies in the intern's notes?</td>
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<td>13. Are medications not appropriately updated or renewed?</td>
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Comments:
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Accepts responsibility and follows through on tasks.</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks</td>
<td>Completes most assigned tasks in a timely manner but may need multiple reminders or other support</td>
<td>Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy</td>
<td>Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</td>
</tr>
<tr>
<td>Shuns responsibilities expected of a physician professional</td>
<td>Accepts professional responsibility only when assigned or mandatory</td>
<td>Completes assigned professional responsibilities without questioning or the need for reminders</td>
<td>Willingness to assume professional responsibility regardless of the situation</td>
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<tr>
<td>Communication</td>
<td>Yes</td>
<td>How often?</td>
<td>No</td>
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<tr>
<td>14. Has your attending or fellow ever expressed concern about the intern's communication on rounds?</td>
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<tr>
<td>15. Have you been concerned about the intern's communication style with patients?</td>
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<tr>
<td>16. Does the intern relay inadequate or inaccurate information during signout?</td>
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<tr>
<td>17. Has the intern ever failed to provide an urgent change in patient status?</td>
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</table>

Comments:
### Has professional and respectful interactions with patients, caregivers and members of the interprofessional team

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</table>

### Develops and achieves comprehensive management plan for each patient.

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care plans are consistently inappropriate or inaccurate</td>
<td>Inconsistently develops an appropriate care plan</td>
<td>Consistently develops appropriate care plan</td>
</tr>
<tr>
<td>Does not react to situations that require urgent or emergent care</td>
<td>Inconsistently seeks additional guidance when needed</td>
<td>Recognizes situations requiring urgent or emergent care</td>
</tr>
<tr>
<td>Does not seek additional guidance when needed</td>
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<td>Seeks additional guidance and/or consultation as appropriate</td>
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</table>
**Mental Health/Well-Being**

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<th></th>
<th>Yes</th>
<th>How often?</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>18.</strong> Do you have concerns about the intern's mental health or general well being?</td>
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</table>

Comments:
Why Make a New Check-In?

• Avoid allowing struggling interns to fall through the cracks
  • Help them correct specific deficiencies
• Ensure interns are on track to progress to second year
  • If they are not ready for promotion, develop a Performance Improvement Plan to help them achieve this goal
The Check-In Process

• Explained tool to interns and seniors during our academic half-day
  • Non-punitive, transparent
• Collected after each intern’s first two service rotations
  • Two different senior residents to provide multiple perspectives
  • In-person meeting between a chief and senior resident
• 53 interns in the PGY1 class
  • 19 Prelims
  • 4 Med-Peds
  • 30 Categoricals
The Check-In Process

- Each Check-In took ~5 minutes to complete
- Each Chief Resident was responsible for 10-12 interns
  - 2 Check Ins per intern
- Develop a plan with each Senior Resident to improve intern weaknesses & provide constructive feedback
- Assessments completed prior to the first CCC meeting in December
- Check-In Tool data presented formally at CCC meeting
After Completing Check-Ins

- Continue Check-Ins for interns with deficiencies
- Interventions performed:
  - Senior feedback
  - Chief feedback
  - Weekly leadership meeting
  - CCC
HOW THE CHECK-IN TOOL STACKS UP

2017-2018 Stats:

- CCC Interns Flagged: 7
- Check-In Tool Interns Flagged: **19**
  - Overlap: 6
- Follow-up Intern Check-Ins: 15
HOW THE CHECK-IN TOOL STACKS UP

CHECK-IN TOOL EXAMPLES
<table>
<thead>
<tr>
<th>December CCC Evaluation</th>
<th>Intern Check-In Tool</th>
</tr>
</thead>
</table>
| • No concerning peer evaluations | • July (floor service)  
  • Resident expressed concern about communication style  
  • Failed to complete a crucial task |
• Grade inflation
• **Evaluations not completed by faculty or peers**
• **Evaluation fatigue**
• Lack of understanding of the milestone system by our evaluators
• Unwillingness/fear of our evaluators to raise concerns or critique struggling interns
• Milestones do not always address the specific skills needed by interns
• Inter-observer variability
• Limited direct observation of interns by attendings
### December CCC Evaluation
- Gathers and synthesizes essential/accurate information to define patients’ clinical problems
- Score → 3.5/5 (level of experienced PGY2)

### Intern Check-In Tool
- July (ICU rotation)
- Intern failed to communicate urgent change in patient status
- Senior frequently needs to correct intern’s orders

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**Example 2**
Evaluation Process Limitations

- Grade inflation
- Evaluations not completed by faculty or peers
- Evaluation fatigue
- Lack of understanding of the milestone system by our evaluators
- Unwillingness/fear of our evaluators to raise concerns or critique struggling interns
- Milestones do not always address the specific skills needed by interns
- Inter-observer variability
- Limited direct observation of interns by attendings
### December CCC Evaluation

- Attending comments:
  - “Intern X did a good job on this ICU service. Good clinical judgment; carefully supervised MS4 presentations.”

### Intern Check-In Tool

- July (ICU Service)
  - Resident expressed concern about presentation on rounds, poor attitude
  - Resident noted major inaccuracies in notes, sometimes failing to pre-round on patients

---

**Example 3**
Evaluation Process Limitations

• Grade inflation
• Evaluations not completed by faculty or peers
• Evaluation fatigue
• Lack of understanding of the milestone system by our evaluators
• Unwillingness/fear of our evaluators to raise concerns or critique struggling interns
• Milestones do not always address the specific skills needed by interns
• Inter-observer variability
• Limited direct observation of interns by attendings
• Discovered some of the drawbacks of our institution’s formal evaluation system (New Innovations & CCC)
  • Created a separate intern Check In tool to supplement formal evaluations
• The tool helps identify struggling interns early
  • Aided senior residents in giving informative, constructive feedback
  • Helped in creating plan to address deficiencies
• Limitations discussed in detail

Intern Check-In Tool: Summary
Introducing: The Senior Check-In Tool v1.0
• Most underappreciate the transition from PGY1 → PGY2 can be harder than MS4 → PGY1
• Seniors have significantly different patient care responsibilities than interns
A Day in the Life

Daily Intern Tasks

- Gather information
- Synthesize & present information on rounds
- Write daily progress notes
- Update sign-outs for effective patient care

Daily Senior Tasks

- Formulate plans
- Manage the team
- Encourage teaching and education opportunities
• List some categories where new seniors can struggle in their performance?

• What specific questions would help assess a new senior’s performance?
• Professionalism
• Organization
• Education
• Communication
• Patient Safety
• Mental Health/Well-Being
# Intern to Senior Check-in Tool

**Evaluator Name:**

**Senior Name:**

**Date:**

**Service:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>How often?</th>
<th>No</th>
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</table>

## Professionalism

1. Has the senior resident ever demonstrated poor attitude?

2. Has a nurse or ancillary staff ever commented negatively on the senior's conduct?

3. Does the senior demonstrate change in response to feedback?

4. Does the senior come late to work when not appropriate?

5. Does the senior leave work when it is not appropriate?

6. Has the senior come to work dressed inappropriately or with poor hygiene?

Comments:

## Organization

7. Does the senior have difficulty organizing & leading their interns and/or medical students?

8. Does the senior take time to review the plan for each patient?

9. Does the senior clearly define goals, expectations, and roles at the beginning of the rotation?

10. Does the senior run the team efficiently allowing you to leave on time?

11. Does the senior allow the intern to complete primary responsibilities for interns? ie orders, consults?

12. Is the senior resident able to form a detailed management plan for each patient?

13. Is the team prepared to round on time and have all necessary patient care data?

Comments:
## Education

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>How often?</th>
<th>No</th>
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<tbody>
<tr>
<td>10. Does the senior take time to teach, either formally or informally?</td>
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<tr>
<td>11. Does the senior take time to teach medical students, either formally or informally?</td>
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<tr>
<td>12. Does the senior resident provide you with constructive feedback?</td>
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<td>13. Does the senior facilitate attendance to noon conferences?</td>
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<td>14. Does the senior resident supervise and allow for intern primary History &amp; Physicals?</td>
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<td>Comments:</td>
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## Communication

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<tr>
<th>Question</th>
<th>Yes</th>
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<tbody>
<tr>
<td>15. Does the senior resident fail to communicate updates in patient's medical care?</td>
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<tr>
<td>16. Has your attending or fellow ever expressed concern about the senior's communication on rounds?</td>
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<td>17. Have you been concerned about the senior's communication style with patients?</td>
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<td>Comments:</td>
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## Patient Safety

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<tr>
<th>Question</th>
<th>Yes</th>
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<tbody>
<tr>
<td>18. Do you have concerns about patient care provided by your senior resident?</td>
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<td>19. Has the senior failed to supervise important transitions of care? ie discharging patients</td>
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<td>Comments:</td>
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## Mental Health/Well-Being

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<th>How often?</th>
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<tr>
<td>20. Do you have concerns about the senior's mental health or general well being?</td>
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<td>Comments:</td>
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</table>
How did we Implement This?

- Evaluated in September – October
  - Delayed start to allow for the benefit of our Second Year Workshop in August
- Seniors were evaluated after completing one 4 week rotation
- Two Evaluation Components:
  - By intern(s)
  - By attending(s)/fellow(s)
Senior Check-In: Our Experience

- Overall less successful than the Intern Check-In Tool:
  - Attendings unresponsive thus relying heavily on fellow evaluations
  - Interns with inherent fear or lack of insight to evaluate their seniors
  - Difficult to capture PGY2s for evaluation depending on their inpatient rotations

COMMUNICATION

THE KEY IS
Future Directions

- Continue to implement Intern Check-In tool
  - Add to formal CCC data
  - Implement across departments
- Restructuring Senior Check-In tool
- Consider new faculty Check-In tool
Why We’re Here Today

• Review evaluation system for Medicine residents
• Highlight limitations of the formal evaluation system
• Highlight your role as Chief Residents in identifying struggling interns
• Share Loyola’s experience using a standardized Intern Check-In Tool
• Introduce our new Senior Check-In Tool
• Think about how your program can incorporate an early identification system for struggling interns & seniors
THANK YOU FOR COMING!

Questions?