

The PM&R Resident Observation and Competency Assessment (RO&CA)

Description:

The PM&R Resident Observation and Competency Assessment (RO&CA) Tool was developed by the ABPMR Foundation Program Directors' Advisory Committee in 2004. A multi-site trial to assess reliability and other psychometric parameters was undertaken by the residency programs at Carolinas Health Care Systems, East Carolina University, Loyola University, Mercy Hospital of Pittsburgh, Northwestern University (RIC), University of Rochester, and University of Washington. Preliminary results from this study were presented at the 2008 AAP meeting.¹

A good resident evaluation program utilizes multiple evaluation methods by multiple raters. The evaluation methods should ideally be reliable, valid, feasible, and provide useful information to the program director. The RO&CA provides a way of assessing and giving feedback about resident skills in 5 competencies. **Patient care skills** include interviewing, physical examination, and procedures. **Professionalism skills** include obtaining informed consent and demonstrating sensitivity to patient characteristics or patient tolerance of a procedure. **Interpersonal and communication skills** include listening and counseling. The **systems based practice skill** assesses the ability to use resources efficiently when developing a diagnostic or therapeutic plan. The **practice based learning and improvement skill** assesses a specific teaching activity by the resident. With the exception of the teaching activity, most observations are expected to be 10-15 minutes long, followed by up to 5 minutes of feedback. Reliability and validity data will be addressed in an upcoming manuscript. The RO&CA is feasible and does not require expensive resources to implement. Comments are typically more specific and goal oriented than *the usual* end-of-rotation evaluations.

Instructions for Use:

Once per rotation, a resident should ask an attending physician to observe the resident in some aspect of patient care in the inpatient, consult, outpatient, electrodiagnosis, or procedure setting. (Or the resident may have a planned teaching activity which may be evaluated). The resident provides the attending with the RO&CA form. The attending rates the resident real time on a scale of 1 (unsatisfactory) to 4 (superior) for any of the skills observed. All areas do not need to be rated, just the ones performed by the resident and observed by the attending. Immediately following the observation, the attending provides verbal and written feedback to the resident and both sign the form. The RO&CA should be returned to the program director and may be reviewed as part of the semi-annual performance evaluation process.

Although the RO&CA is simple to use, some faculty development is necessary to orient them to the process. During a RO&CA evaluation, the faculty should observe without intruding, if possible. When rating the resident, care should be taken to rate only the skills observed in that observation and not add in ratings related to other patient encounters. Some skills may be performed at a superior level while others may require improvement. When a resident performs a procedure, the faculty should also try to observe the resident obtaining informed consent. The form will be more useful to the program director for semi-annual review if written comments are provided. Any score of 1 (unsatisfactory) or 2 (marginal) really should be accompanied by comments.

The RO&CA can certainly be used more often than once per rotation or attending. However, if the program chooses to require a certain number per year, it makes sense to have them spread over the course of the year, so that the resident can be evaluated over time, and by multiple evaluators.

¹ Massagli TL, Musick D, Sliwa J, Bockenek, Miknevich M, Steiner M, Poduri KR. Reliability of the PM&R resident observation and competency assessment (ROCA) tool. *Am J Phys Med Rehabil* 2008;87:S4.