

# ***Fellowship Evaluations***

## **Best Practice Guidelines**

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<b>Domain</b>	<b>Best Practices and Minimum Thresholds</b>	<b>Rationale</b>	<b>Additional Considerations</b>
Evaluation Frequency	<p>Best practice: Evaluate a fellow for performance after each discrete period on the ethics consultation service (hereinafter, the "<b><i>formative evaluation</i></b>").</p> <p>Best practice: Evaluate a fellow at least four times during the fellowship for overall progress and competencies (e.g., 1 year fellowship – every three months; 2 year fellowship – at least every six months) (hereinafter, the "<b><i>summative evaluation</i></b>").</p>	<ul style="list-style-type: none"> <li>• Timely feedback through formative evaluations ensure that strengths and opportunities take the form of an ongoing dialogue and do not come as a surprise. Regular feedback also promotes development of clinical ethics consultation competencies.</li> <li>• Summative evaluations enable fellows and mentors to benchmark the fellow’s progress against accepted competencies and to plan for outstanding learning needs over the remaining duration of fellowship. Regular summative evaluations also demonstrate the commitment of mentors to the fellow’s learning and promote the development of individualized learning plans.</li> </ul>	<ul style="list-style-type: none"> <li>• In some cases, inviting healthcare professionals from other disciplines who have had the opportunity to observe the fellow’s work can be helpful for both formative and summative evaluations.</li> </ul>

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Evaluated Areas	<p>Minimum threshold: For formative evaluations, a fellow should receive feedback on both strengths and opportunities for future weeks or periods on the ethics consultation service.</p> <p>Minimum threshold: For summative evaluations, a fellow should receive feedback in areas rooted in ASBH Core Competencies +/- other accepted milestones identified in relevant literature.<sup>1</sup> Summative evaluations should include areas of evaluation beyond ethics consultation, such as teaching, rounding, scholarship, organizational ethics, and other non-consultation activities, as appropriate and tailored to the fellowship program.</p>	<ul style="list-style-type: none"> <li>• Specific strengths and opportunities identified in formative evaluations will help fellows and mentors understand what to focus on in future weeks on the ethics consultation service.</li> <li>• By aligning with ASBH Core Competencies in summative evaluations and including areas beyond ethics consultation, fellowship programs ensure that graduating fellows are prepared to fulfill the roles and expectations the field agrees are required of independent clinical ethicists.</li> </ul>	<ul style="list-style-type: none"> <li>• In the absence of consensus evaluation templates, specific areas of evaluation may vary from fellowship program to fellowship program.</li> </ul>

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<sup>1</sup> See, e.g., Sawyer KE, Dundas N, Snyder A, Diekema DS. Competencies and Milestones for Bioethics Trainees: Beyond ASBH’s Healthcare Ethics Consultant Certification and *Core Competencies*. *The Journal of Clinical Ethics* (2021) 32, no. 2: 127–48.

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<p>Standard Evaluated Against</p>	<p>Minimum threshold: Formative evaluations should encourage or enable evaluating mentors to provide feedback in the context of the fellow’s goals, stage of fellowship, and in some cases progress in the context of previous evaluations.</p> <p>Minimum threshold: For summative evaluations, fellows should be evaluated against objective standards. That is, there should be scoring criteria such as (a) does not meet, meets, or exceeds expectations, (b) identification of numeric competency levels, and/or (c) another objective metric.</p> <p>Best practice: Standardized processes for mentors to evaluate fellows should be implemented (e.g., formative evaluations to be completed within X days of the consultation week or period, or all mentors use the exact same summative evaluation form).</p>	<ul style="list-style-type: none"> <li>▪ Fellows are generally expected to progress throughout their fellowship. Evaluating fellows in formative evaluations based on goals, stage of fellowship, and previous evaluations ensures that fellows are not being evaluated against impossible standards.</li> <li>▪ Given potential variability across mentors, having an objective standard for summative evaluations can minimize unnecessary variation and ensures that fellows are receiving consistent feedback grounded in relevant, consensus standards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ For formative evaluations, fellows and their mentors often benefit from conversation prior to—or at the beginning of—the consultation week or period to collaboratively establish the fellow’s learning goals for that week or period.</li> </ul>

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<b>Evaluation Format</b>	<p>Minimum threshold: Both formative and summative evaluations should be provided in a written format.</p> <p>Best practice: Formative and summative evaluations are best accompanied by a verbal conversation to review the evaluation/feedback provided.</p> <p>Minimum threshold: For clarity, fellowship programs should utilize both formative and summative evaluations, and the tools/forms/templates for each should be different (see above guidance about evaluation frequency, areas, and standards).</p> <p>Best practice: Strive for a mixed-methods approach to evaluation format (e.g., quantitative &amp; qualitative), especially for summative evaluations.</p> <p>Best practice: For programs with multiple mentors and/or programs that invite professionals from other healthcare disciplines to complete fellowship evaluations, consider</p>	<ul style="list-style-type: none"> <li>• Providing evaluations in a written format allows the fellow and mentors to go back and review feedback from prior stages of fellowship, which can be helpful for establishing future learning goals.</li> <li>• Pairing written evaluations with verbal conversation allows for dialogue amongst fellow and mentor(s) (and, in appropriate circumstances, clarification and/or collaborative revision of feedback), can strengthen the pedagogical alliance, and creates the opportunity for mentors to demonstrate the learned skill of delivering constructive feedback.</li> <li>• A mixed methods approach often provides greater richness and depth of feedback.</li> <li>• Meetings among mentors can spark discussion that supplements or enhances written evaluation feedback in preparation for verbal conversation with the fellow. Moreover, if mentors' summative</li> </ul>	<ul style="list-style-type: none"> <li>• Ideally, clinical ethicists who mentor and supervise fellows should receive training in providing feedback, especially verbally.</li> </ul>

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	having periodic meetings among such individuals (without the fellow present).	evaluations are combined into a single summative evaluation, such a meeting can provide the opportunity to collaboratively edit and/or combine.	