Appendix

Transitioning to CBME: Evaluation of the implementation
of an EPA-Based Assessment Tool for Residents

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Appendix 1A: The Old Assessment Tool: "New Innovations"

The old tool [New Innovations] used a time-in-training model to assess residents. After their first semester, residents were assessed each semester by multiple assessors (median 1.5, IQR 1-3.5 assessments per semester) using the web-based, 30-question questionnaire (below). As seen in Figure 1 of the main manuscript, both residents and assessors found the tool to be time consuming and difficult to access, with only 19.5% and 31% of assessors and residents agreeing or strongly agreeing that the tool was useful, respectively.

1: This evaluation is for which clinical rotation: _____

2: This evaluation is written by a:
- ○ Single faculty member
- ○ Group evaluation

3: Resident is a
- ○ CA1
- ○ CA2
- ○ CA3

4: Was mid-rotation feedback provided to the resident?
- ○ Yes
- ○ No
- ○ I don't know

Overview

5: Assessment methods
- ○ Direct observation
- ○ Oral discussion or review
- ○ Procedure review only

Instructions
Please use the core characteristics outlined below to evaluate residents in terms of level of supervision needed and performance relative to their peers. A rating of 5,6 or 7 implies that a resident does not need supervision and is ready to graduate.

Patient Care

The resident…
designs and defends anesthetic plan. Shows appropriate vigilance, judgment and decision making for peri-operative events, including procedures. Develops contingency plans for foreseen and unforeseen outcomes

6: Patient care: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists
- ○ N/A

7: Patient care: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level
- ○ N/A

8: Patient care, technical skills: airway management including bag mask ventilation, supraglottic airway use, oral or nasal intubation of the trachea by direct or video laryngoscopy and fiberoptic intubation
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists
- ○ N/A

9: Patient care, technical skills: Placement and use of arterial catheters
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

10: Patient care, technical skills: Placement and use of central venous catheters including pulmonary artery catheters
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists
- ○ N/A

11: Patient care, technical skills: Neuraxial blocks including caudal, epidural and spinal
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

12: Patient care, technical skills: Regional blocks
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

Medical Knowledge

The resident…
knows mechanism of action of induction drugs, including primary side effects Knows indications and complications of various monitoring devices Knows physiology of pertinent organ systems Knows medical disease and implications for the anesthetic plan

13: Medical Knowledge: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

14: Medical Knowledge: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level

Practice-Based Learning

The resident…
carries out post-operative checks with intent to improve care for subsequent patients Critically examines decisions and actions for optimal performance Uses evidence-based medicine to the extent available Seeks out and adjusts performance based on feedback

15: Practice based learning: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

16: Practice based learning: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level
- ○ N/A

Professionalism

The resident…
is fully prepared in the mornings Acts in a manner consistent with a medical professional Takes timely breaks Demonstrates a good work ethic Is aware of and attends to the goals and objectives of the rotation. Utilizes 20/20 cared when available. Carries out takes that might not have direct personal gain (pre-ops for a colleague)

17: Professionalism: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

18: Professionalism: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level

Interpersonal and Communication Skills

The resident…
interacts with patients and perioperative personnel in a caring and thoughtful fashion Explains and defends decisions in a defensible and understandable way Writes complete and insightful preoperative notes Consults surgeons and attending anesthesiologist in a functional time frame

19: Interpersonal and communication skills: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

20: Interpersonal and communication skills: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level

Systems-Based Practice

The resident…
recognizes and acts in a manner that acknowledges that they are part of a larger system and that patient care is based on this system. Caring for waitlist cases with a positive attitude is a manifestation of this system. Recognizes ways to improve the system even if not pertaining to their case Recognizes and follows HIPAA for regulations Recognizes and appropriately interfaces with infection control issues Prepares cases for case conference and QI/QA processes with appropriate

21: Systems based practice: level of supervision required
- ○ Needed significant assistance
- ○ Needed moderate assistance
- ○ Needed minimal assistance
- ○ Needed very infrequent assistance
- ○ Performed in a fully independent manner
- ○ Able to serve as a consultant to other physicians
- ○ Expert and able to serve as a resource to fully trained anesthesiologists

22: Systems based practice: relative to peers
- ○ Distinctly below peer level
- ○ Somewhat below peer level
- ○ At peer level (most residents will be here)
- ○ Somewhat above peer level
- ○ Distinctly above peer level

General Comments

23: What are strengths of this resident? _____

24: Residents want to know how they can improve. Note specific areas or items that this resident should focus on improving (required): _____

25: When working with the resident I have concerns regarding patient safety
- ○ Yes
- ○ No

26: I have concerns regarding this resident's honesty, ethics or character.
- ○ Yes
- ○ No

27: I am concerned that this resident lags behind peers or may need extra help.
- ○ Yes
- ○ No

28: I have concerns about this resident as a team player.
- ○ Yes
- ○ No

29: I have concerns about this resident's openness to teaching and improvement.
- ○ Yes
- ○ No

30: I want to add a Confidential Comment (to Program Director only)
- ○ Yes
- ○ No

Appendix 1B: The myTIPreport Assessment Tool

Instead of using a time-in-training model, as was used previously, the myTIPreport Assessment Tool uses a Competency-Based Medical Education (CBME) model with an Entrustable Professional Activity (EPA) framework. Rather than assessing resident overall each semester, they are rated on 1 of 48 anesthesiology procedures in 6 categories (**Table A1**). Each assessment has a single question of how well they mastered the procedure, from 1-The assessor did the activity to 5-independent practice (**Figure A1**). It only takes a couple of minutes to complete. Residents can be assessed multiple times on the same procedure until they achieve independent practice, and they can track their progress over time (**Figures A1-A3**). Faculty can also assess progress of multiple residents simultaneously (**Figures A4-A5**). Switching to this model has increased the total number of evaluations completed as well as engagement by assessors (**Table 1** of main manuscript). Additional details about myTIPreport are available at https://mytipreport.org/guides/v1/benefits-of-mytipreport Training videos are available at https://www.youtube.com/channel/UCZ6wRp726K0NnTsLGvQJwwg Resident names and data presented below are representative examples, not real Emory residents or data.



Figure A1: Resident view of myTIPreport – Progress over time

Left: Residents are rated on a scale of 1-5 for each procedure to be assessed, reflecting the skill level achieved for that procedure.
Right: Skill levels can be tracked for each procedure over time to show their improvement, until they achieve the expert level of independent practice.

Table A1: List of Anesthesiology Assessment Procedures for myTIPreport

CATEGORY	ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA)
LEADERSHIP & PROFESSIONALISM	Leadership in Managing a Team
	Contribution or Leadership of Formal Institutional Quality and/or Safety Activities
	Managing Conflict
	Managing Ethical Dilemmas
	Effectiveness as a Teacher or Presenter
	Evaluation of Clinical Reasoning and Reflection on Clinical Reasoning Errors
	Review of Personal Outcomes for Quality Improvement
	Accountability
	Professionalism, Accountability, and Wellness
	Professionalism and Lapses in Professionalism
	Demonstration of Basic Professionalism and Personal Wellness Behavior
	Receiving Feedback
	Development and Modification of an Individual Learning Plan
	Mock Oral Evaluation
PERIOPERATIVE CARE	General Operating Room Case Perioperative Care
	Intracranial Procedures Perioperative Care
	Major Trauma Perioperative Care
	Abdominal Aortic Surgery Perioperative Care
	Cardiac Surgery Perioperative Care
	Thoracic Surgery Perioperative Care
	Out of OR Perioperative Care
	Preop Assessment and Optimization
	Postop Follow-up and Documentation
	Transfer of Care
	PACU Management
	Critical Care of Non-OR Patients
	Management of Perioperative Complications
	Management of Uncommon and Rare Events
	Crisis Management
PAIN MANAGEMENT	Management of Acute Pain Out of the OR
	Management of Chronic Pain
	Perioperative Care for Substance Use Disorder and Chronic Pain
	Regional Anesthesia Perioperative Care
AIRWAY MANAGEMENT & PROCEDURES	Airway Management
	Direct Laryngoscopy Intubation
	Video Laryngoscope Intubation
	Combined Spinal Epidural (CSE) Placement
	Dural Puncture Epidural (DPE)
	Lumbar Epidural Catheter Placement
	Peripheral Venous Catheter Placement
OBSTETRICS & PEDIATRICS	Cesarean Section Perioperative Care
	Labor Analgesia
	Pregnant Patient Undergoing Non-Obstetric Surgery
	PEDS Anesthetic Perioperative Care
	PEDS Neonatal Anesthetic Perioperative Care
SIMULATION	CA-3 Joint Simulation Evaluation
	Sim Session A
	Sim Session B
	Sim Session C



resident summary

AG

Alison Green

Milestones Summary

07/01/2018 - 06/30/2019

31 evaluations | summary report

MILESTONE	EVALUATIONS	LEVEL
Interpersonal and Communication Skills		
Communication with Patients and Families	5	2.5
Communication with Physicians and Other Health Professionals and Teamwork	1	3.5
Informed Consent and Shared Decision Making	0	-
Medical Knowledge: Gynecology		
Abdominal/Pelvic Pain (Acute and Chronic)	0	-
Abnormal Uterine Bleeding (Acute and Chronic)	1	1
First Trimester Bleeding	0	-
Pelvic Floor Disorders (Urinary Incontinence, Pelvic Prolapse, Anal Incontinence)	0	-
Pelvic Mass	1	3.5
Peri-operative Care	2	2
Medical Knowledge: Office Practice		
Health Care Maintenance and Disease Prevention	0	-
Patient Care: Gynecology		

Figure A2: Resident View of myTIPreport – Resident Summary

Current Assessment of quantity of evaluations and performance within each EPA.

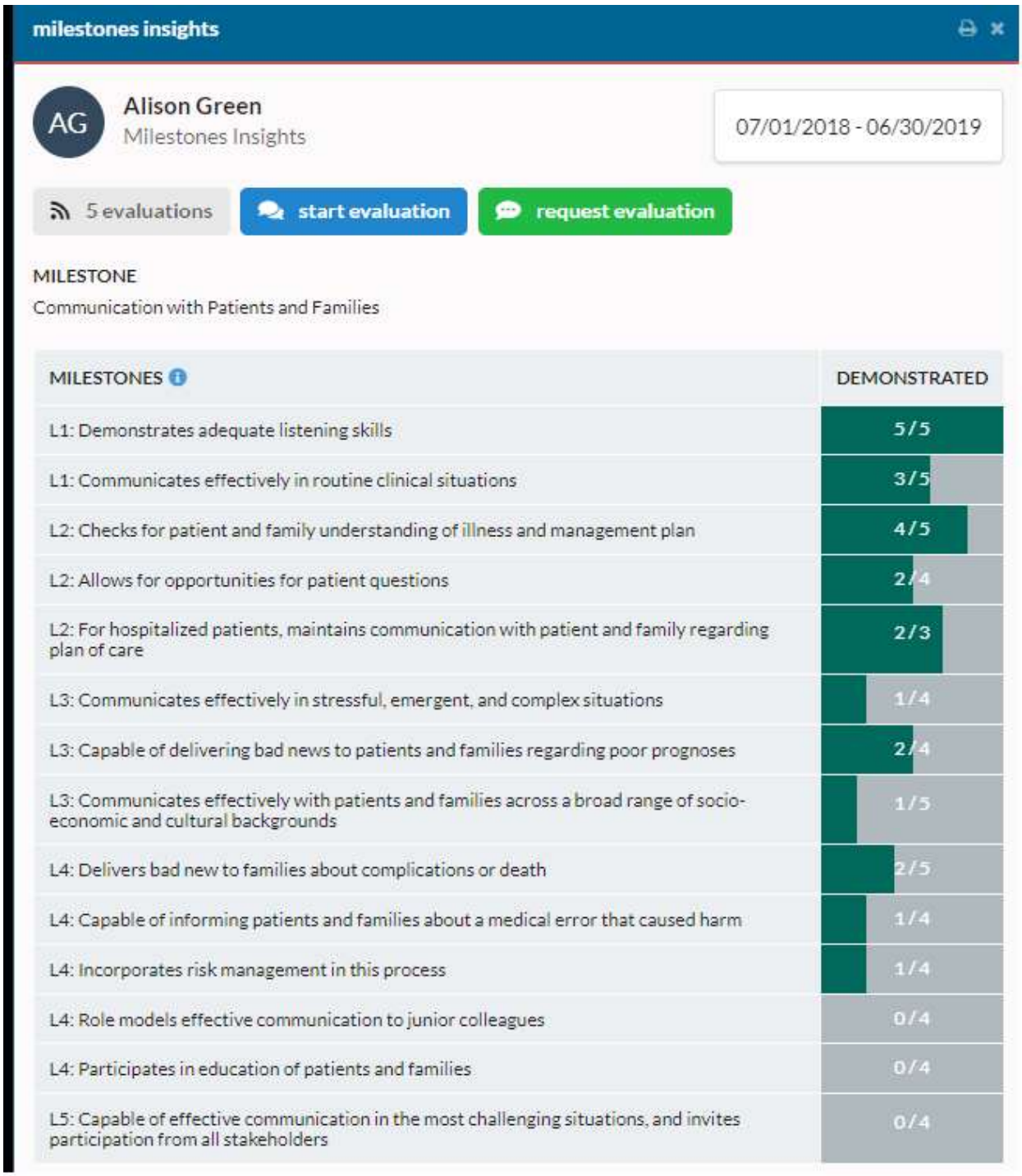


Figure A3: Resident View of myTIPreport – Milestones Insights

Visual depiction of resident progress in achieving set milestones.

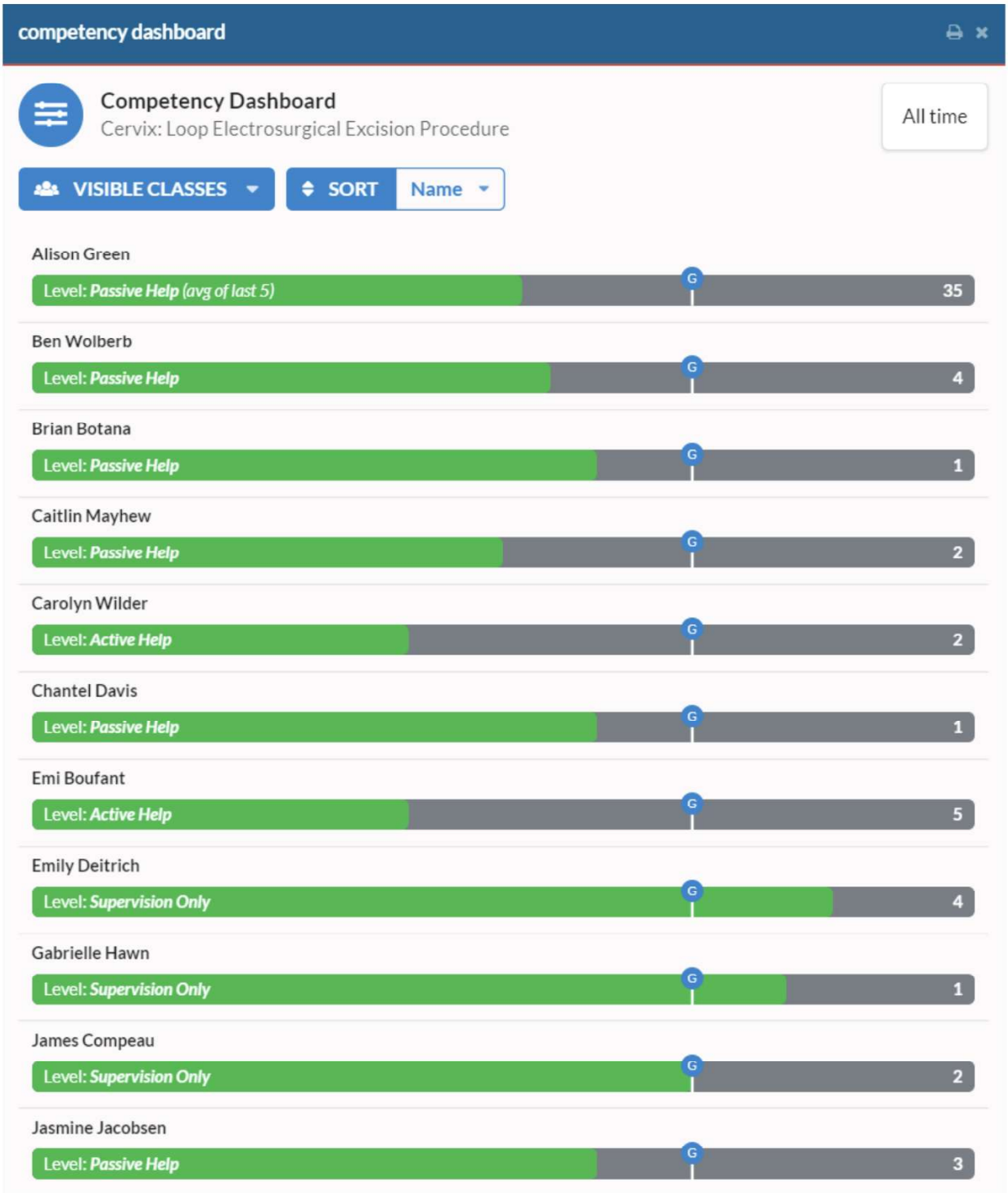


Figure A4: Faculty View of myTIPreport – Competency Dashboard

Cross sectional tracking of multiple residents' performance within a single EPA.

class summary

Class Summary
2022

07/01/2018 - 06/30/2019

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MILESTONES	Alison Green	Caitlin Mayhew	James Compeau	Joe Low	Laura Carlsberg	Nitasha Blue
INTERPERSONAL AND COMMUNICATION						
Communication with Patients and Families	2.5 | 20	1 | 1	-	3.5 | 2	-	-
Communication with Physicians and Other He	3.5 | 5	-	2.5 | 1	2 | 3	-	1 | 1
Informed Consent and Shared Decision Makin	2.5 | 6	3 | 2	-	-	-	2 | 1
MEDICAL KNOWLEDGE: GYNECOLOGY						
Abdominal/Pelvic Pain (Acute and Chronic)	1 | 1	2 | 2	-	-	-	-
Abnormal Uterine Bleeding (Acute and Chron	1 | 1	2.5 | 3	-	1.5 | 1	-	1 | 1
First Trimester Bleeding	2.5 | 3	-	-	2.5 | 1	-	-
Pelvic Floor Disorders (Urinary Incontinence,	1.5 | 1	3 | 1	-	-	-	3 | 1
Pelvic Mass	3.5 | 2	1.5 | 1	-	3 | 1	-	-
Peri-operative Care	2 | 10	2 | 3	1 | 1	2 | 3	2 | 2	2 | 1
MEDICAL KNOWLEDGE: OFFICE PRACTICE						
Health Care Maintenance and Disease Preven	0.5 | 2	-	-	2.5 | 3	-	3 | 1
PATIENT CARE: GYNECOLOGY						
Gynecology Technical Skills: Endoscopy (Lapar	0.5 | 1	2.5 | 1	2.5 | 1	0.5 | 1	0.5 | 2	2.5 | 2

Figure A5: Faculty View of myTIPreport - Class Summary

Expanded cross-sectional tracking of multiple residents' performance across multiple EPAs.

Appendix 2: Survey Evaluation

Table A2: Survey Questionnaire Exact Wording

This survey was distributed to both faculty and residents to evaluate how good they thought the tool was at assessing anesthesiology residents. The first three questions were given to respondents for both assessment tools, New Innovations (old tool) and myTIPreport (new tool). The last two questions were given only to myTIPreport. It was distributed in November 2022 and May 2025, respectively.

#	Tool	Evaluator	Theme	Question	Answer Choices
1	Both	Resident	Satisfied	I have been satisfied with [tool] for workplace-based feedback	1, Strongly disagree 2, Disagree 3, Neutral 4, Agree 5, Strongly agree
1	Both	Faculty	Ease of Use	When working with a resident, it was easy to incorporate [tool] into my daily workflow.	
2	Both	Resident	Useful	[Tool] has been a useful tool for me to receive feedback that enhanced by learning	
2	Both	Faculty	Useful	[Tool] has been a useful tool for me to provide resident feedback.	
3	Both	Both	Barriers	Which of the following were barriers to the use of [tool]? (Select all that apply.)	1, Time to complete 2, Difficult to access 3, Lack of perceived value to learner 4, Lack of perceived value to faculty 5, Improper framework for assessment 6, Desire to avoid giving negative feedback [Faculty only] 7, Other barriers 8, None [myTIPreport only]
3B	Both	Both	Other	What other barriers do you see to the use of [tool]?	[Open text] [if Other Barriers selected]
4	myTIP-report only	Both	Preference	If you used the New Innovations survey (prior to 2023), which assessment system do you prefer?	1, The New Innovations assessment (prior to 2023) 2, myTIPreport (current) 3, No preference 4, I did not use the New Innovations assessment
5	myTIP-report only	Both	Additional Comments	Additional comments and suggestions you have about myTIPreport, its use, limitations, comparison to the New Innovations assessment system (if you used it), etc.	[Open text]

Table A3: Number of Residents Assessed Each Semester

Tool →	Old Tool (New Innovations)				myTIPreport			
Semester →	**Jan. 2022**		**Jul. 2022**		**Jan. 2023**		**Jul. 2023**	
↓ Class of…	**Year**	N	**Year**	N	**Year**	N	**Year**	N
2022	4	12	--	--	--	--	--	--
2023 [a]	3	15	4	15	4	15	--	--
2024	2	12	3	12	3	12	4	12
2025	1	12	2	12	2	12	3	12
2026	--	--	1	12 [b]	1	12	2	12
2027	--	--	--	--	--	--	1	12 [b]
Total Assessed		51		39		51		36
Survey			11/2022	39	5/2025	48		

[a] *The Class of 2023 had 15 residents instead of 12 for other years.*

[b] *Residents were not assessed in their first semester of their first year.*

Table A4: Resident "Other Barriers"

Residents were provided with a text entry box on both surveys to write in other barriers to using either tool. Commonly identified themes are in workflow integration, faculty interaction, and usability/feedback quality.

Resident Other Barriers

	Preference	Theme	Individual Comment
Old Tool	N/A	Faculty Interaction	I have never received feedback.
			Unclear how to request feedback.
			Inadequate number of faculty to assess residents.
myTIPreport	myTIPreport	Faculty Interaction	Faculty compliance rate.
	Did Not Use Old Tool		I think trying to generate an evaluation for faculty can be hard to find at times. Also hard to know which exact skill to request on the list.
	Did Not Use Old Tool	Feedback Quality	Few attendings respond with valuable feedback. But some do and it's been useful on occasion.
	Did Not Use Old Tool		Faculty could use more instruction on what the appropriate level of supervision to select is.
	Did Not Use Old Tool		Too much reliance on free text so feedback is overly positive at times without being specific.
	myTIPreport	Usability	Frequent app crashes and glitch that prevent strolling to desired task/skill to be evaluated.
	Did Not Use Old Tool		It is FAR better than the clunky new innovations system that was never used because of poor design.but overall good system and much preferred to old system.
	Did Not Use Old Tool		MyTIP is too cumbersome with too many options. I would prefer something with more limited options, ranking scale of 1-5, and place to leave optional feedback.

Table A5: Faculty "Other Barriers"

Faculty were provided with a text entry box on both surveys to write in other barriers to using the tool. Commonly identified themes are in workflow integration, resident interaction, and usability/feedback quality.

Faculty Other Barriers			
	Preference	**Theme**	**Individual Comment**
Old Tool	N/A	Ease of Use	Long evaluation.
		Feedback Quality	Found myself giving same feedback.
		Resident Interaction	Lack of being anonymous and concern for retaliation.
		Workflow Integration	[No] prompt to complete evaluation.
			Wasn't prompted to use it; with ED [Emergency Department] residents evaluations are prompted.
			None.
myTIPreport	myTIPreport	Resident Interaction	I've only gotten requests a very small handful of times. [I] still am generating the vast majority of my own feedback.
	myTIPreport		The system works infinitely better when the residents create requests for faculty with whom they worked.
	No preference		Resident not requesting the evaluation.
	myTIPreport	Usability	I feel like the "rotations" tab should be the primary tab, but it appears rather incomplete. I find it tough digging through menus to select the correct assessment. Having an OB rotation tab, or General or Peds may improve compliance. The organization of the resident names: alphabetical by first name, is also puzzling and confusing. Org by year or last name would make more sense. Finally, my residents rarely send me evaluations.
	No preference		Not always sure which questions/template to use to assess certain aspects of cases.
	myTIPreport	Workflow Integration	Forgetting to do it.
	Old Tool		I generally appreciate having everything in one place, and using an app on a phone to give resident feedback is yet another system/app/thing that has to be managed and compete for time and attention.
	myTIPreport		The actual incorporation into my routine. The resident prompt is helpful.

Table A6: Resident Additional Comments

Residents were provided with a text entry box on the post-implementation survey to write in additional comments. Commonly identified themes were in workflow integration, usability, and feedback quality.

Resident Additional Comments

	Preference	Theme	Comment
myTIPreport	Did Not Use Old Tool	Feedback Quality / Usefulness	Maybe more specific options to choose instead of feedback heavily relying on free text. I.e. "did the resident demonstrate effective communication of plan," "did the resident use proper sterile technique for procedure." This may help us in identifying what we specifically can work on without relying on text that's unfortunately largely unhelpful. Not sure if this is possible but more specific click boxes for attending to use that target key skills we should be aware of that are lacking or not. The free text can then be used to explain some choices, hopefully keeping it pretty objective.
	Did Not Use Old Tool		I'd like to see my progression in the different categories to see my progress over the year. I also find it more helpful when I receive the mytips evals the day of working together as it allows me to more quickly integrate the feedback than if I receive the feedback a week later.
	myTIPreport	Usability	myTIPreport needs an app that does not crash or glitch all the time.
	myTIPreport		The EPAs and different activities to request feedback through in mytips is still cumbersome, especially on the mobile app. Due to this, I mostly only use one thing that I request through (general) and get feedback for everything through that rather than individual skills.
	myTIPreport		I think trying to generate an evaluation for faculty can be hard to find at times. Also hard to know which exact skill to request on the list.
	Old Tool		MyTIP is too cumbersome with too many options. I would prefer something with more limited options, ranking scale of 1-5, and place to leave optional feedback.
	myTIPreport		It is FAR better than the clunky new innovations system that was never used because of poor design.but overall good system and much preferred to old system.
	myTIPreport	Workflow Integration	If there was a way to automatically have you submit feedback for an attending after requesting an evaluation from them, that would make it much more likely to complete attending evals.
	Old Tool		Would be nice if it automatically assigned you evaluations to do based on attendings you've worked with.

Table A7: Faculty Additional Comments

Faculty were provided with a text entry box on the post-implementation survey to write in additional comments. Commonly identified themes were evaluator selection, feedback quality, feedback reception, workflow integration, and usability.

Faculty Additional Comments			
	Preference	**Theme**	**Comment**
myTIPreport	myTIPreport	Evaluator Selection	Seems residents should have a monthly number of evals they have to submit if faculty do.
	myTIPreport		My biggest complaint are the lack of evaluations that I receive from trainees.
	myTIPreport		I prefer myTipreport, but I've noticed that residents only send it to attendings when they feel they had a good day with them. If negative feedback needs to be given using the app (along with in-person feedback), the attending usually has to take the initiative.
	Old Tool	Feedback Quality / Usefulness	Very poor feedback form. The info I am able to provide has not direct importance to a resident or how they can improve. Recommend going back to New Innovations or other platforms.
	Old Tool		Very difficult to give appropriate feedback on myTIPreport. Saying that a resident is at a particular level doesn't help anyone.
	Old Tool		Barely any space to give appropriate feedback. Cannot put in negative comments. Telling someone they are not independent is not really feedback. It doesn't help me frame my feedback as milestones. Horrible tool.
	myTIPreport		It's easier to use but I prefer immediate verbal feedback. Would be nice to have a chat feature with the trainee.
	No preference		New Innovations [old tool] has been more useful for our fellows as compared to myTIP.
	No preference		myTIPreport is helpful for tracking competency in specific skills over time, but it neglects the very thing that we have ironically transitioned to in evaluating residency applicants-holistic review. A resident may be technically competent at providing anesthesia for a c-section but need improvement in communication with other teams or labor board management. They may be able to intubate a difficult airway but not appropriately triage multiple emergencies. They may provide great care as a CA-1 and be good at skills/procedures but not have progressed as expected due to poor work ethic. As it stands, there is no straightforward way of providing that kind of 10,000 foot view of a resident. myTIPreport seems more appropriate for AA students as it currently stands. The immediate and non-anonymized delivery of evaluations to residents is also problematic and strongly discourages faculty from providing even mildly negative feedback. There is literally no benefit to the faculty member in providing honest constructive feedback when residents can immediately call them out for being hostile or creating an unfriendly work environment. My other concern with myTIPreport is that resident feedback of attendings has decreased significantly when compared to New Innovations. Feedback from residents is essential to improving one's own teaching skills in addition to being necessary in inclusion of teaching portfolios for promotion. The lack of attention feedback is a real detriment to formal and informal faculty development.
	myTIPreport	Feedback Reception /Delivery	It's easy to use, but it makes it tough to give negative feedback because whatever I send goes to the resident immediately. In theory it shouldn't be new news, but often the residents will send a request for feedback days later and then it becomes easy to only remember the negative experiences.

Faculty Additional Comments			
	Preference	**Theme**	**Comment**
myTIPreport	myTIPreport	Feedback Reception /Delivery	It would be helpful to know the feedback was received. Do the residents find this format helpful? Also we don't get any feedback as faculty.
	myTIPreport		The residents requesting feedback via my tip report takes away the anonymity of providing feedback not via an in person avenue.
	No preference		MyTIPreport is ok to use. Unsure if residents have a way to evaluate faculty - this was clear to me in New Innovations [old tool].
	myTIPreport	General	Feedback vs. Evaluation. Which is myTIPreport for? My understanding is that it is for feedback. But we then don't have a way to do evaluation. More work needs to be done to clarify for Attendings how to use myTIPreport and also to clarify the mechanism for evaluation.
	myTIPreport		I hated New Innovations [old tool] and I think this is superior.
	myTIPreport	Usability	New Innovations was cumbersome and the myTIPreport app is much easier to use without so many redundant questions.
	myTIPreport		Should make it easier to do ad hoc assessments of residents in myTIPreport rather than in certain categories only. For example, just providing overall feedback for a day rather than under airway management etc.
	Old Tool		Difficult to navigate this app [myTIPreport]. It seemed that you could evaluate a single aspect and leave everything else blank. In my opinion, that does not really help the trainee.
	myTIPreport		Easier to complete. May be less helpful for faculty for promotion documentation of teaching.
	No preference		myTIPreport is a useful tool. Easy to use and functional. I will say at times it is hard to determine the appropriate assessment i.e. is it a case assessment, just an airway, IV line, etc..I just think there is a lot of options to choose from that can be confusing.
	No preference		To be perfectly blunt, I don't like either. The MyTips doesn't seem to work with my phone and I get very few requests from residents anyway. NI [New Innovations, old tool] is clunky and quarterly evals aren't good either since I usually forget things by the end of the week.
	myTIPreport	Workflow Integration	Ease of remembering to use it. We don't work with residents daily and it isn't a part of normal workflow. Something we do everyday (like check off the 'A' in Epic) is easily incorporated into workflow.
	myTIPreport		I like myTIPreport (MTR) WAAAYYY better than New Innovations [old tool]. My biggest issue with MTR [myTIPreport] is that I don't always get the opportunity to debrief with the resident before I or they leave for the day and then I forget about it until I get an email reminder several days later and have completely forgotten how the resident performed beyond a general impression.