

OASIS Quick Start Guide:
FOR COORDINATORS/COURSE
ADMINISTRATORS

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Welcome to the manual for the OASIS Evaluation System!

OASIS is a web based evaluation system used across the School of Medicine. All types of regular course and program evaluation are available within Oasis, including evaluations of:

Faculty
Fellows/Residents
Rotations
Programs

In this manual, you will find three separate introductory quick start guides for the following user groups:

Coordinators/Course Administrators

Following the quick start guide, you will find the most up-to-date samples of the standard Faculty and Course evaluation forms, as well as a glossary of frequently used OASIS terms.

We hope this manual will be a resource to you as you implement your regular programmatic evaluation. If at any time you need assistance, please contact the Office of Evaluation and Assessment (OEA) at 215-573-9701.

LEGEND



= Contact Coordinator



= handled by OEA



= Contact OEA

OASIS ACCOUNT



In order to manage evaluations, you will need to have an account in OASIS. Please contact Jennifer Lapin (jlapin@mail.med.upenn.edu) or Traci Dougherty (tracido@mail.med.upenn.edu) to get an OASIS account and to set up the training needed to begin using the system.

BREAKDOWN OF RESPONSIBILITIES



Office of Evaluation and Assessment's (OEA) Responsibilities:

- Update User Information
 - Update user list with new trainee/faculty names and emails from New Innovations
 - Disable former trainees and faculty on user list (when directed by coordinator)
 - Contact new users by email with log-in information and instructions on using OASIS
- Rotation Schedules
 - Enter rotation schedules into OASIS using schedules input into New Innovations
- Maintain/Monitor System Usage
 - Ensure evaluations are assigned
 - Assist in creating forms for the system
 - Assist in creating new rotations

Program Coordinator's Responsibilities:

- Update the OEA with User Information
 - Supply Office of Evaluation with new and existing faculty names and emails
- Check rotation information in OASIS when requested by the OEA
 - Check and correct rotation names
 - Check and correct start and end dates for each rotation for the entire year
 - Reviewing evaluation settings with OEA
- Make evaluation assignments for each rotation for the entire year (unless you are an OASIS plus user)
 - Report any red dots seen on Manage Evaluators Screen to the OEA
 - Check Search and Edit Evaluations to be sure evaluations are live and being filled out for each rotation for the entire year
 - Monitor compliance of faculty and residents/fellows
 - Maintain printed records for your own folders
- Update Program Director about evaluative efforts

WORKFLOW

Given that the program coordinators have many competing time demands, the OEA provides a number of resources to coordinators in an effort to make using OASIS easier, including: training documentation, a number of standardized reports available from the Oasis system at anytime, and ad-hoc reports available with advance notice. Please check the GME website for additional resources. For more information on available resources, contact Traci Dougherty.

THE CONNECTION BETWEEN NEW INNOVATIONS AND OASIS

Once a Coordinator has entered all of the resident/fellow schedule information for the first or second half of the academic year into New Innovations (NI), the OEA will load the schedule into OASIS. Once the schedule has been loaded into OASIS, the OEA will contact the coordinator directly to make evaluation assignments

Any changes to these schedules in NI must ALSO be reflected in OASIS. The two systems are not joined. If these changes are not made in OASIS to the course rosters, then your evaluation assignments will be incorrect.

EVALUATION TYPES

In Oasis, “Evaluation of Faculty” is defined as Evaluation of Faculty by resident or fellow

In Oasis, “Evaluation of Student Performance” is defined as Evaluation of Resident or Fellow by faculty, instructor, or other members of the health care team

In Oasis “Evaluation of Course” is defined as Evaluation of Rotation/Program/360° by Resident/Fellow

EVALUATION ASSIGNMENT



Along with the OEA, your Program leadership will determine the evaluative standards for your program in OASIS. As the program coordinator, you are responsible for assigning the evaluations accordingly.

MANAGING EVALUATIONS

Responsibility for evaluation assignment, course roster changes and evaluation compliance checking lies with coordinators.

See above for the types of evaluation that are available at this point in time:

ACCESSING EVALUATIONS

Oasis is a web-based system located at <http://gme-evals.med.upenn.edu/index.html>. To enter, click on **Pennkey User** and enter your Pennkey and Pennkey password. If you do not remember your Pennkey go to <http://www.uphs.upenn.edu/pennkey/reset/index.html>.

If you do not have a Pennkey, click on **Non-Pennkey User** and enter the username and password assigned to you. If you do not remember your username and/or password contact the OEA.

If you have “Admin” role in the system, then upon logging into OASIS, you will be taken to the main page of OASIS. Select your Department and Course.

In order to view your program’s evaluations, go to the Search and Edit Evaluation Screen in each of your courses. To protect the confidentiality of the residents/fellows, evaluations of faculty and course evaluations are only released in aggregate. Similarly, peer evaluation data, instances when users with “student” role in OASIS evaluate other users with “student” role, is only available aggregately.

Coordinators can use OASIS to pull summary evaluations of faculty, course and student. Additional ad hoc reporting is available from the OEA. See the in depth-coordinator user guide for instructions on obtaining data reports from Oasis.

EVALUATION PERIOD



The frequency with which evaluation occurs is determined by Program Leadership. Usually, the “evaluation periods,” or length of time within which an evaluation occurs, match the resident/fellow blockly schedules that coordinators input in New Innovations (unless otherwise specified). The “evaluation open/close date” or the length of time the evaluation remains available to be completed can differ from the “evaluation period.” The default settings in OASIS are such that: an evaluation will open five days before the end date specified in the evaluation period, and will remain open for an entire year.

According to these defaults, an evaluation with an evaluation period of 7/1-7/31/09 will be available to be completed on 7/26/09 and will remain open until 7/26/10.

Evaluations may be submitted at any time during the evaluation open/close date. If you fail to submit your evaluation during that time, the evaluation will no longer be available for you to complete and can only be re-opened at the purview of the OEA.

Closed evaluations from the previous year or more will not be re-opened.

REMINDERS

The OASIS system automatically emails evaluation reminders. Faculty, residents and fellows who have outstanding evaluations will receive one reminder a week from OASIS until the evaluation is either completed or closes. Additionally, some programs also send out personalized reminder emails to residents/fellows who are not keeping up with their evaluations.

OASIS PLUS

The OEA has introduced a new fee program in 2008-2009 called **OASIS PLUS**. A number of programs participate in the program, which is intended for programs without the resources to monitor their evaluations and compliance. For \$1000, the OEA will assume all regular tasks associated with the maintenance of the OASIS evaluation system, such as: evaluation assignments, compliance checks, and additional compliance reports will be provided on a quarterly basis to the program director and coordinator. It is important to note, that even when participating in **OASIS PLUS**, programs are still responsible for providing evaluation scheduling information to the OEA including: the rotations names; names of residents who should complete evaluation; and the names of attending to be evaluated and complete evaluations.

For more information on OASIS PLUS services, contact Traci Dougherty.

GME OFFICE INITIATIVES: RESIDENTS/FELLOWS

Duty Hours:

According to ACGME requirements, the training program director must establish an environment that is optimal both for house staff education and for patient care, while ensuring that

undue stress and fatigue among house staff are avoided. Duty Hours are evaluated monthly and will appear in your OASIS inbox. These evaluations will open the 1st of every month and remain open until the 8th of every month.

If you do not complete these evaluations within that time, you will affect your program's compliance. Violations will be reported to program leadership monthly. Rotation name removed from report when less than 3 trainees rotated at a location.

If you are not receiving these evaluations, please check with your Program Coordinator.

Learning Climate Survey:

Residents/Fellows are asked to complete the survey in regards to their training experiences within UPHS. The GME Committee uses the data to address some very important concerns including: inadequate call room space and cleanliness, inadequate meal benefit, poor cafeteria selections and hours, excessive wait for the shuttle service to the parking garage, lack of access to food after hours.

Please instruct your trainees to:

- complete the first section with respect to their entire training experience this past year
- only complete site-specific questions for those sites they regularly rotated

The Learning Climate Survey is evaluated annually in May and will appear in your OASIS inbox. This evaluation will open in the beginning of May and remain open until the end of the academic year, June 30th.

If you are not receiving these evaluations or have a question about this evaluation, please contact the GME Office, 215-662-3957.

Internal Review Survey:

As per the ACGME requirements, all programs must have an Internal Review mid-cycle between ACGME Site Visits. Part of the Internal Review process includes a survey which is sent to each house staff member for their input regarding the program. The survey is administered intermittently as relevant and will appear in your OASIS inbox.

If you have a question about these specific evaluations, please contact the GME Office, 215-662-3957.

GME OFFICE INITIATIVES: FACULTY

Faculty Evaluation of Program:

ACGME requires that faculty evaluate the training program(s) in which they participate. Any faculty member that is an active participant in a program will receive this evaluation. An active participant is defined as an individual having supervisory responsibility for residents/fellows with respect to patient care and/or research. The Faculty Evaluation of Program is evaluated annually in May and will appear in your OASIS inbox. These evaluations will open in the beginning of May and remain open until the end of the academic year, June 30th. The program director and the chair will receive the confidential aggregated results.

If you are not receiving these evaluations, please check with your Program Coordinator. If you have a question about this evaluation, please contact the GME Office, 215-662-3957.

HAMSTER/PROMOTION AND TENURE

Data collected from the UME and GME Evaluation systems are collated within a single reporting system called HAMSTER (Housestaff and Medical Student Evaluation Record) for reporting purposes. HAMSTER produces aggregate reports of teaching activities and evaluation for lecture and clinical teaching across the continuum from UME to GME. Evaluation data are summarized for each faculty person and comparative data are provided for everyone within the faculty person's primary department, as well as the School of Medicine overall.

The comparative data are restricted to faculty in the tenure, clinician-educator, academic clinician and research tracks. It is important to note that this report does NOT capture all teaching activity. Other types of teaching not captured in the HAMSTER report includes, for example, teaching in BGS programs, teaching that was done when one was a resident/fellow, didactic teaching (i.e., noon conferences) of residents, administrative activities such as the Course Director role, or any CME teaching. For this reason, it is important that you maintain some evaluative record of these types of teaching for your own purposes. Faculty may need to request data elsewhere for other types of teaching activities. Means and comments will not display if there are fewer than 3 evaluations.

For more information on HAMSTER and HAMSTER reports, please contact Elizabeth O'Grady, the Associate Director of the Office of Evaluation and Assessment at lizi@mail.med.upenn.edu.

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RESPONSE RATES

Managing Evaluation Completion:

Coordinators and program leadership should take a pro-active approach to managing evaluation completion. By taking a more active approach to evaluation management, a program can expect to turn around its evaluation compliance, to improve response rates and data collection within the course of a year. There are several ways in which a program can improve response rates and evaluation data. It is clear that certain measures work well for certain programs.

- By establishing an evaluation policy, programs can effectively clear up some of the gray areas of evaluation, such as the minimum number of evaluations to be completed per resident per block, minimum amount of time spent together that requires an evaluation, repercussions for evaluators/residents, who are continuously non-compliant.

- Coordinators should keep track of evaluations that have been completed and that have not been completed outside of OASIS. An easy way to do this is to staple a resident schedule on each resident's folder. When you print out a completed evaluation for a resident/fellow folder, highlight the block of time which corresponds with the evaluation you printed on the schedule on their folder. This way you will have a visual outside of OASIS of what you still need and can be sure of what evaluations you do have for resident/fellow meetings with program leadership.
- Evaluation reminders are sent via e-mail by the OASIS evaluation system to each user who hasn't completed evaluations and will contain a detailed list of the outstanding evaluations, as well as an HTTP link to the system. It may be helpful for a Program/Coordinator to send out personalized reminder emails to their residents/fellows/faculty about evaluation completion, in addition to those sent out by the system.
- Coordinators can set OASIS so that faculty cannot inactivate an evaluation without providing an explanation. This can be a helpful tool in keeping track of incorrect assignments. Generally, an evaluator may explain that they never worked with the resident, but Dr. X did. Then, you know you need to make a new evaluation assignment and you know the correct evaluator.
- OASIS offers several types of reports that demonstrate evaluation compliance, completion statistics, and include email addresses for ease of mailing. Pulling these reports regularly would be a great way for Program Leadership to have a better picture of evaluation completion. Statistical completion limits could even be set for faculty and residents--75% of all evaluations assigned must be completed, etc.
- Including a sentence about evaluation timeliness and compliance in recommendation letters written on behalf of residents/fellows or faculty for promotion and tenure would also be great way of increasing response rates.
- Generally speaking, if you wish to receive more evaluation data, you can help by emphasizing the importance of filling out evaluations to your students.

These are only a few examples of how coordinators/program directors can improve their management of evaluation collection.



Please consult with Jen Lapin and Traci Dougherty to discuss more about measures that would help with improving response rates.

REPORTS FOR CHECKING COMPLIANCE

Oasis has special reports for checking compliance on the rotation, individual and program levels. See the coordinator user guide for instructions on obtaining compliance reports.

GETTING HELP

Contact the OEA for help:

Jennifer Lapin is the Director of Graduate Medical Evaluation and Research.
jlapin@mail.med.upenn.edu

Traci Dougherty is the Coordinator of Graduate Medical Evaluations
tracido@mail.med.upenn.edu

If you need help with New Innovations contact the GME Office:

Marialaina Scafidi is the House Staff Credentialing Coordinator of the Graduate Medical Education Office
Marialaina.Scafidi@uphs.upenn.edu

Maureen Ginnane is the Director of the Graduate Medical Education Office
Maureen.Ginnane@uphs.upenn.edu

**STANDARD EVALUATION FORMS:
Faculty and Course**

Preview Evaluation

Faculty Evaluation

Evaluation of Clinical Faculty v4

[Return to Evaluation](#)

Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

Evaluation Period: 01/01/2006 - 01/31/2006

Faculty: Evaluator name

The **EFFECTIVE** faculty member shows up on time for scheduled sessions, is available for help, willingly makes time available, keeps appointments, returns emails and pages, and informs learners of how they can be contacted. The **INEFFECTIVE** faculty member rarely shows up on time for scheduled sessions, is not available for help, is difficult to reach, does not keep appointments nor returns emails or pages, and does not inform learners of how they can be contacted.

1. AVAILABILITY AND ACCESSIBILITY

Poor
 Fair
 Good
 Very Good
 Excellent
 N/A Not Applicable

The **EFFECTIVE** faculty member is an excellent teacher, generates enthusiasm for the subject, motivates learners to teach themselves, encourages self-learning and independent thinking, stimulates critical thinking, demonstrates poise and effective role modelling, is well organized, is enthusiastic, is articulate and uses teaching aids judiciously and helpfully. The **INEFFECTIVE** faculty member is a poor teacher, does not generate enthusiasm for the subject, does not motivate learners to teach themselves, does not encourage self-learning nor independent thinking, does not stimulates critical thinking, does not demonstrate poise and effective role modelling, is not well organized, is not enthusiastic, is not articulate and does not use teaching aids judiciously nor helpfully.

2. TEACHING EFFECTIVENESS

Poor
 Fair
 Good
 Very Good
 Excellent
 N/A Not Applicable

The **EFFECTIVE** faculty member is an excellent teacher with command of the subject, is able to convey information in a logical and understandable method, is clear about important objectives, is comfortable with questions, will admit knowledge gaps and adds to your knowledge base. The **INEFFECTIVE** faculty member does not seem to possess expertise of the content area, is unable to convey information in a logical and understandable method, is not clear about important objectives, is not comfortable with questions, does not admit knowledge gaps and does not add to your knowledge base.

3. KNOWLEDGE OF/ABILITY TO TEACH SUBJECT MATTER

Poor
 Fair
 Good
 Very Good
 Excellent
 N/A Not Applicable

The **EFFECTIVE** faculty member excels at explaining the rationale behind clinical judgments and decisions, and uses literature and evidenced based medicine to support clinical decisions and teaching points. The **INEFFECTIVE** faculty member has difficulty explaining the rationale behind clinical judgments and decisions and uses literature and evidenced based medicine inappropriately or not at all to support clinical decisions and teaching points.

4. ABILITY TO TEACH CRITICAL THINKING

Poor
 Fair
 Good
 Very Good
 Excellent
 N/A Not Applicable

The **EFFECTIVE** faculty member teaches how and when to appropriately use/order/perform procedures, demonstrates correct techniques, and allows the appropriate balance of independence and supervision. The **INEFFECTIVE** faculty member does not teach how and when to appropriately use/order/perform procedures, demonstrates incorrect techniques, and does not allow the appropriate balance of independence and supervision.

5. ABILITY TO TEACH PROCEDURES/TECHNIQUES

Poor Fair Good Very Good Excellent N/A Not Applicable

The **EFFECTIVE** faculty member demonstrates effective clinical problem solving based on patient information, preferences, up-to-date information, and clinical judgment. He/she teaches one how to know their own limits and when to consider referrals and consultations with other specialists. He/she models a humane and caring attitude, addresses ethical issues and teaches/emulates humanism and professionalism. The **INEFFECTIVE** faculty member demonstrates ineffective clinical problem solving, does not demonstrate how to recognize ones own limits nor when to consider referrals and consultations with other specialists. He/she does not model a humane and caring attitude, does not address ethical issues nor teaches/emulates humanism and professionalism.

6. ABILITY TO TEACH CLINICAL SKILLS/JUDGMENT

Poor Fair Good Very Good Excellent N/A Not Applicable

The **EFFECTIVE** faculty member presents in a clear, organized and logical fashion. He/she is invites discussions and questions, and listens attentively. Explanations are clear. Expectations are communicated clearly and fairly. Feedback timely and helpful, being clear, specific and constructive. The **INEFFECTIVE** faculty member rarely communicates in a helpful manner. Explanations and expectations are not clear. Questions are unwelcome. Feedback either does not occur, or it is so late or so general that it is not helpful.

7. COMMUNICATION

Poor Fair Good Very Good Excellent N/A Not Applicable

The **EFFECTIVE** faculty member exhibits professional behavior in his/her teaching. He/she is interested in teaching and has respect for learners of all levels. He/she does not belittle learners or publicly humiliate them. He/she encourages questions and debate and tolerates diverse viewpoints. He/she is careful to not show personal biases and prejudices or arrogance. The **INEFFECTIVE** faculty member does not act in a professional manner in regards to teaching repsonsibilities. He/she is not interested in teaching and shows little respect for the learner. He/she belittles learners, is inpatient with or intolerant of questions. Personal biases and prejudices are conveyed to learners.

8. PROFESSIONALISM IN TEACHING

Poor Fair Good Very Good Excellent N/A Not Applicable

The **EFFECTIVE** faculty member has made it very clear that he/she is suppotive of the regulations. He/She sends the message that accurate reporting is a professional responsibility; compliance with duty hour regulations is not optional. He/She supports the reform in a positive way. The **INEFFECTIVE** faculty member gives either explicit or implicit pressure to ignore the regulations. He/She does not support institutional goals of meeting the duty-hour regulations in terms of actual hours worked and/or reporting of hours.

9. SUPPORTIVENESS OF DUTY-HOUR REGULATIONS

Poor Fair Good Very Good Excellent N/A Not Applicable

The **EFFECTIVE** faculty member is a superb teacher, interested in learners, helps them achieve clear learning objectives, generates enthusiasm for the subject, motivates learners, and is committed to teaching. The **INEFFECTIVE** faculty member is not a good teacher, is not interested in learners, does not help them achieve clear learning objectives, does not generate enthusiasm for the subject, does not motivate learners, and is not committed to teaching.

10. OVERALL ASSESSMENT OF TEACHING

Poor Fair Good Very Good Excellent N/A Not Applicable

11. Total Number of Half-Days Contact

12. Comments

Preview Evaluation

Course Evaluation

Rotation Evaluation Form

[Return to Evaluation](#)

Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

Evaluation Period: 01/01/2006 - 01/31/2006

Patient Care

1. Appropriate Degree of responsibility for patient care and clinical cases.

1
 2
 3
 4
 5
 N/A

2. Availability and helpfulness of attendings

1
 2
 3
 4
 5
 N/A

3. Educational Value of fellows (and specialty residents)

1
 2
 3
 4
 5
 N/A

Communication

4. Clear statement of goals and objectives at start of the rotation

1
 2
 3
 4
 5
 N/A

5. Clear statement of resident/fellow responsibilities at start of rotation

1
 2
 3
 4
 5
 N/A

6. Overall quality of feedback and evaluation

1
 2
 3
 4
 5
 N/A

Medical Knowledge

7. Ability to attend scheduled conferences

1
 2
 3
 4
 5
 N/A

8. Educational value of teaching rounds, conferences, and sessions.

1
 2
 3
 4
 5
 N/A

9. Time for reading and cognitive development

1
 2
 3
 4
 5
 N/A

Practice Based Learning

10. Opportunity to develop clinical judgment

1 2 3 4 5 N/A

11. Appropriateness of the workload of this rotation

1 2 3 4 5 N/A

Professionalism

12. Professionalism of working relationships between residents/fellows and other staff

1 2 3 4 5 N/A

13. Overall sense of teamwork and atmosphere

1 2 3 4 5 N/A

Systems-Based Practice

14. Availability of supplies and equipment

1 2 3 4 5 N/A

15. Exposure to quality assurance, practice improvement, and cost containment activities, as they pertain to this rotation

1 2 3 4 5 N/A

16. Helpfulness of clerical staff

1 2 3 4 5 N/A

17. Ability of the processes, systems, and teams encountered during this rotation to prevent errors from happening

1 2 3 4 5 N/A

18. Overall quality of the facilities

1 2 3 4 5 N/A

Overall

19. Overall education value

1 2 3 4 5 N/A

20. Comments:

OASIS GLOSSARY
of Terms

Academic year: Defined in the Administration module, an Academic Year is assigned a Start and End date and divided into a blocks typically of equal length. The Academic Year starts July 1 and ends June 30th.

Ad-hoc reports: a custom document provided on the evaluation data gathered; these are generated by the OEA by request with enough notice; reports can be individual data or aggregate data.

Aggregate data: describes data that is combined and averaged from several sources, in this case several difference evaluation forms to give a holistic view of performance

Assignment: is an evaluation connection that has been associated with a specific person or between people in relation to specific start and end dates and a rotation

Bi-directional: going in both directions; most evaluations within OASIS are assigned bi-directionally so that faculty evaluate residents/fellows and vice versa; also called two-way street.

Block: intervals that compose an Academic Year. Rotations and blocks typically start and stop on the same dates, although Rotations may span several blocks or be contained within one block.

C: is an abbreviation for a Course Evaluation, a type of evaluation in the system. Course evaluations are generally an evaluation of a particular rotation within a program.

Close Date: refers to the date that an evaluation becomes no longer available to a user in the system to complete; generally, a year from their open date

Closed: status that means evaluation was not been completed within a certain window of time and since has expired and cannot be completed; these evaluations show up red in OASIS.

Compliant: description which refers to any users without any outstanding course, faculty and student performance evaluations in the OASIS system.

Course roster: List of all the residents/fellows enrolled for each start date or block of a rotation within an academic year

End Date: determines when the evaluation period or time of interaction ends; appears on the Evaluation Forms; can refer to the actual time a trainee interacted with an evaluator.

Evaluation Period: Defined by the Start and End dates of a Session or of a block within an academic year. These dates will appear on the Evaluation Forms; can refer to the actual time a trainee interacted with an evaluator.

Evaluator: anyone who is assigned an Evaluation form for rating a person or rotation is considered an Evaluator.

Evaluators: OASIS refers to faculty/attending/staff as evaluators in the system.

F: is an abbreviation for a Faculty Evaluation, an evaluation of a faculty member.

Form: an evaluation form is an assemblage of Questions, Competencies, and Grade Scales.

GME Office: The Graduate Medical Education Office supervises over 50 ACGME-accredited specialties and subspecialties. They manage the institutional and program standards, as well as the evaluation requirements of the Accreditation Council on Graduate Medical Education (ACGME). Their office is located in 210 White. Their main number is 215-662-3957.

Grouping: refers to information is viewed on a particular screen; in several places, you can modify the view, including how the data is grouped; e.g. on the search and edit screen, you can group by evaluator, student, evaluation, start dates.

Inactivate (verb): status meaning that the evaluation is not available to be completed (but not closed); all users in OASIS have the right to inactive an evaluation and evaluations can be inactivated at any time; generally, users must provide a reason as to why they are inactivating a particular evaluation, this information appears in the system log for that individual evaluation;

Log: an automated systematic recording of data that gives details about the occurrences to a particular evaluation since it's creation in the system. Here you can view when the evaluation was completed, inactivated, closed, reminders that have been sent out by the system, who accessed the evaluation, as well as the various statuses the evaluation has held.

M: (mean) the average value of a set of numbers

N: (number) the number of data collected, in this case N usually refers to evaluations.

New Innovations (NI): New Innovations Residency Management Suite is a tool that assists medical schools, hospitals and private practices in the area of medical education and department administration, to unify data into a centralized data warehouse and to complete tasks, historically performed using multiple, incompatible methods, through one common interface.

Non-compliant: description which refers to any users with outstanding course, faculty and student performance evaluations in the OASIS system; a report in OASIS provides this information.

OASIS: OASIS is a web based bi-directional evaluation system used across the School of Medicine to assist you with the majority of your evaluation needs, including faculty evaluating residents and fellows and visa versa, and residents and fellows evaluating rotations.

OEA Office: The Office of Evaluation and Assessment is located in Suite 100, Stemmler Hall.

Open (verb): status meaning that the evaluation is available to be completed; evaluations are open in the system (and viewable on the search and edit evaluations screen) once that have been successfully assigned within OASIS on the manage evaluators screen; evaluations that have been previously inactivated can be opened again

Open (noun): status that means evaluation is ready to be completed but has not been yet; these evaluations show up green in OASIS.

Open Date: refers to the date that an evaluation becomes available to user in the system to complete, that automated weekly evaluation reminders will be sent out from; generally evaluations become available to be completed five days before the start date and stay open for a year from their open date

Peer Evaluation: refers to an evaluation between two users with the role of "student" in the OASIS system; these evaluations are not able to be viewed individually in the system by program coordinators.

PDF: is a file format created by Adobe Systems in 1993 for document exchange; this format is non editable

Pennkey: an individual's username within the PennKey authentication system; Paired with an associated password, a PennKey is required to authenticate an individual's identity to many of Penn's networked systems and services.

PGY: (Post Graduate Year), the number of years past medical school graduation the trainee is; not be with confused with PRG or year in program.

Re-assignment: assigning an evaluation again; when an evaluation connection that has been associated with a specific person or between people in relation to specific start and end dates and a rotation needs to be altered to be correct

Red dot: refers to symbol that appears on the manage evaluators screen; this designates (as described in the Legend on that screen) that no evaluation exists for this association. **THIS IS AN INCORRECT ASSIGNMENT.** It means that no evaluations are being collected for this assignment. Please contact that OEA if you see a red dot immediately.

Release (verb): evaluations are released into the system (and viewable on the search and edit evaluations screen) once that have been successfully assigned within OASIS on the manage evaluators screen

Reminders: automated email messages that are sent weekly from the OASIS system that inform users of their specific outstanding evaluations; an evaluation has to be correctly assigned and open in order for reminders to be sent out by the system automated.

Report: a document provided on the evaluation data gathered; there are several different types of reports in the OASIS system available at any time that show different data; custom ad-hoc reports are also generated by the OEA by request; reports can be individual data or aggregate data.

Rotation: A block of time a trainee spends working for a specific Department or Division for the purpose of gaining specific types of experiences and skills. Typically, a block is a month or 4 weeks, but it can be as little as one full day; rotations are defined by start and end dates.

SD: (standard deviation) a measure of how spread out your data is, or the average amount by which scores in a distribution differ from the mean

SP: is an abbreviation for a Student Performance Evaluation, an evaluation of a trainee.

Start Date: determines when the evaluation period or time of interaction begins; appears on the Evaluation Forms;

Students: OASIS refers to residents/fellows as students in the system.

Submitted: status that means evaluation has been completed and is ready to be printed; these evaluations show up white in OASIS.

Trainee: a physician at any level of GME in a program accredited by the ACGME. Participants in accredited subspecialty programs are also considered trainees;

User Account: give to access OASIS by the OEA; includes the username and password with which you log on to the account; and the permission given to access certain departments, rotations, reports, and evaluations.

Username: is the handle that a person uses within OASIS which is connected to their user account.