

Developing Faculty to Provide Targeted Subcompetency-Based Formative Feedback

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Disclosures

- The presenters have no conflicts of interest—financial or otherwise—to disclose

Objectives

- Discuss the role of direct observation and formative feedback in resident assessment against the ACGME Milestones
- Discuss obstacles to providing consistent formative feedback to our residents
- Discuss how the results of the observations performed and the feedback provided can be utilized to determine resident progression relative to the ACGME Milestones and can foster meaningful conversations with our learners.

Role of the Milestones

- For Residents
 - Provide information regarding where they are relative to expectations and information about how far they have come and how far they have yet to go
- For Programs
 - Assess the quality of training and look for educational gaps where improvements can be made
- For Society
 - Provide reassurance regarding the quality and competency of physicians graduating from accredited programs

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How does direct observation factor into milestone assessment?

- Direct observation and formative feedback serve a critical role
- Increased need for easy-to-use, consistent tools for recording and management of the information gathered from direct observation
- There are not many tools available
- This transcends specialty

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Group Exercise



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Group Exercise 1

- Observe the following brief patient encounter and think about how you might rate the resident
- You will be asked questions about your responses via AES

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Video

Patient Encounter Video



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Poll Question: In which competency did your feedback fall?

- a. Patient Care
- b. Medical Knowledge
- c. Systems-Based Practice
- d. Practice-Based Learning and Improvement
- e. Communication
- f. Professionalism

Poll Question: How did you rate the resident's performance?

- a. Below expectations for level of training
- b. At expected level of training
- c. Above expected level of training

Limitations of Standard Evaluation Methods

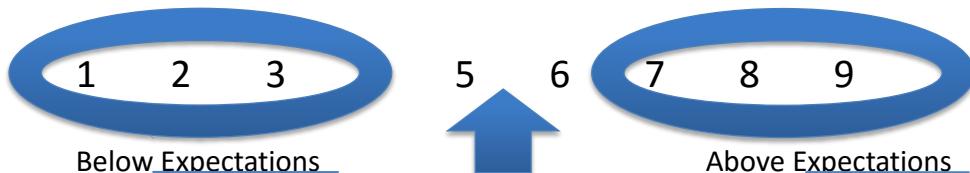
- End of rotation evaluations/daily evaluations/session evaluations
 - Often Likert scales
 - Typically unanchored
 - Inherent bias
 - Strict/Lenient rater
 - Halo effect
 - Restricted scale

Limitations of Standard Evaluation Methods

- May not be level specific
- Difficult to compare across residents
- Open to interpretation by untrained raters

Likert Scales

- How would you rate the resident's performance relative to physical examination skills?



Level of training?

Performance of peers?

Preceptor experience?

What is wrong with
the expected level?

What is wrong with the expected level?

Performance of others of same specialty?

ACGME milestones?

What expectations?

What is formative feedback?

- Formative feedback is:
 - Specific
 - Addresses a modifiable behavior
 - Timely
 - Tied to a specific encounter or instance in time
 - Judgment-free
 - Can be reinforcing or redirecting
- Summative feedback is:
 - More general
 - Addresses behavior patterns
 - Is typically at the end of a process
 - Tied to multiple encounters or settings
 - Provides an assessment

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Designing a formative feedback tool for resident assessment

- Goals:
 - Easy to use
 - Readily available
 - Able to be quickly completed
 - Tied to subcompetencies and/or milestones
 - Able to be sorted and analyzed
 - Able to provide **specific** information to the resident about performance

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What is available currently?

- No specific, validated tool is widely in use
- Field Notes were first used in Alberta Canada for resident assessment
 - Reflect “sentinel habits” which are similar to the ACGME competencies
 - Paper assessment forms- easy to complete

Donoff, M. Field Notes: Assisting achievement and documenting competence. Canadian Family Physician 2009 December. 55(12) 1260-1262.

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Using electronic forms for assessment

- Our program began using a documentation process/form we created in our residency management system more than four years ago

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QuickNotes

- Allow for documentation of **specific** feedback given on an easy-to-complete form
- Take 2-3 minutes to fill out
- Originally linked behavior to the competencies
- Now have adjusted to reflect the Family Medicine milestone subcompetencies
- Provides the opportunity to monitor progress over time

Expansion

- Now being utilized by multiple specialties at our (and other) institution(s):
 - General Surgery
 - Colorectal Surgery
 - Internal Medicine
 - OB/Gyn
- Adjust to reflect program-specific subcompetencies/milestones

How does our electronically recorded formative feedback work?

- Act as “snapshots” in time of resident performance
- Web-based (available anywhere there is an internet connection)
- Preceptors are required to record at 1-2 QuickNotes per resident per half-day in office
- Preceptors should also provide the feedback verbally to the resident at the time of the encounter

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QuickNote Access

- Advisors have access at all times
- Residents access through their advisors
- Having a faculty champion is helpful!

Individual “snapshots” are helpful to the learner



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With increased numbers of “snapshots” a larger picture is



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Ultimately providing a more complete view of the learner



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Family Medicine

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Administration | Personnel | Schedules | Examinations | Duty Hours | Upper | Conferences | Printers | More

Fidelity Medicare | Fidelity Children | Help

Log Books Logs

Chronologist Examinations #1: Test Results

SEARCH LOG

Date of Log: 10/20/16

Logged By:

Status:

SEARCH LOG

Missionary Subcommittment:

Examiner Description:

QuickNotes M Rating: Remaining Characters: 1,000

Specific Feedback:

Setting: Remaining Characters: 1,000

Ambulatory

Hospital

Video Direct Observation

Simulation

Other

[Save and Retain](#) | [Save and Clear](#) | [Cancel and Return](#)

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Select Subcompetency...



The screenshot shows a software interface for tracking professional development activities. At the top, a navigation bar includes links for Administration, Personnel, Schedule, Evaluations, Duty Hours, Logbooks, Competencies, Portfolio, and More. The main title is "Log Books Logs". Below the title, a sub-section titled "Competencies" is visible. A dropdown menu for "Milestone Subcompetency" is open, showing a list of 15 items, each preceded by a small checkbox. The items are: PC-1 Care of patients with acute conditions; PC-2 Care of patients with chronic conditions; PC-3 Disease prevention/health promotion; PC-4 Health promotion/Health Maintenance/Health maintenance; PC-5 Performance of immediate/short procedures; MI-1 Medical knowledge base; MI-2 Clinical thinking skills; MI-3 Knowledge management of cost in medical care; MI-4 Patient safety; MI-5 Advocate individual/communify health; MI-6 Communication at team-based care; MI-7 Communication with other health care providers; PBL-1 Self-directed learning; PBL-2 Interpreting local healthcare system; PROF-1 Awareness/understanding of professionalism; PROF-2 Awareness/understanding of cultural diversity; PROF-3 Healthcare and cultural sensitivity; PROF-4 Self-conceptual growth; C-1 Patient/family/relationships; C-2 Communication with other health care providers; C-3 Communication with other health care providers; C-4 Use of technology in communication. At the bottom of the interface, there are buttons for "Save and Return", "Save and Clear", and "Cancel and Return".

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...and Rating



The screenshot shows the same software interface as the previous one, but with a different focus. The "Milestone Subcompetency" dropdown is now closed, and the "Rating" field is highlighted. A dropdown menu for "Rating" is open, showing the following options: "No Rating", "In Progress", and "Needs Immediate Attention". The "In Progress" option is selected. Below the rating field, there is a note: "Responsible Characters: 9,000". Under the "Setting" section, there is a list of observation types with radio buttons: "Ambulatory", "Inpatient", "Telemedicine", "Video/Direct Observation", "Simulation", and "Other". At the bottom of the interface, there are buttons for "Save and Return", "Save and Clear", and "Cancel and Return".

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Rating

- “As expected”
 - Define expectations
 - Use the ACGME milestones as anchors
 - Simplified by subcompetency selection
- “In progress”
 - Moving toward expected level but not quite there yet
- “Needs immediate attention”
 - Advisor and Program Director need to be made aware

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QuickNotes Reports

- Reports are generated monthly by faculty advisor for their advisees
- The advisor is responsible for monitoring the QuickNotes received and making certain that there are adequate notes present for each domain of performance (ability to sort makes this possible)

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Sample Report

Log Books Logs								Family Medicine Training Center		
User Definitions #1: Test (Definition) --- Entries								Family Medicine Training Center		
Below is a listing of all entries for this Log Book that you have access to. From this screen, you can carry out tasks regarding these entries according to the privileges that you have been given. You can also change the way that information is displayed on this screen by customizing your skin.								Family Medicine Training Center		
Edit A New Entry Search These Entries Generate A Report								Family Medicine Training Center		
Show: all entries								Family Medicine Training Center		
First	Last	Date of Log	Logged by	Status	Message/Subcategory	Encounter Description	Comments	Needs Immediate Attention	Specific Feedback	Setting
John	Michael	12/16/2014	Chenoweth, Patrick	Faculty	C-1 Patient/family relationships	New patient to establish care			I would appreciate not knowing at you patient care does not foster good relationships.	Ambulance
John	Michael	12/17/2014	Jonesen, John Michael	Faculty	C-1 Patient/family relationships	No of new pt with diabetes			You did an excellent job of asking how much his family of 3 do by acknowledging his job satisfaction and interests. This is a good start. But have you got to know your pt better and build a therapeutic relationship.	Ambulance
John	Michael	12/17/2014	Kunnen, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition			Took a sexual and personal bio. had good that is a value statement and said it too much	Ambulance
John	Michael	12/17/2014	Kunnen, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition			Took a sexual and personal bio. had good that is a value statement and said it too much	Ambulance
John	Michael	12/17/2014	Carney, Jessica	Faculty	C-2 Communication with patients/families	New patient presenting with diabetes, uncontrolled		In Progress	In the future, recommend avoidance of public statements.	Ambulance
John	Michael	12/17/2014	Deacon, Chad M	Program Director	C-2 Communication with patients/families	Taking a history to a diabetic new patient			Did not focus enough of long-term implications of DM, patient spoke of numbness in feet and this was not explored further. added spoke of drinking more water per day, this was not explored.	Ambulance
John	Michael	12/17/2014	Deasy, Anthony	Faculty	C-3 Communication with patients/families	Pt with diabetes			Many other topics were done, without taking time to establish rapport. Would recommend have open ended questions.	Ambulance
John	Michael	12/17/2014	Jonesen, John Michael	Faculty	C-3 Communication with patients/families	History taking of pt with diabetes			You maintained good eye contact and asked questions that were relevant to the pt's care needs. Increases obtaining an accurate history.	Ambulance
John	Michael	12/17/2014	Jonesen, John Michael	Faculty	C-3 Communication with patients/families	New pt for on rounds			You were interviewing the pt already during your bio. Ambulantly explaining to the pt if you want yes or no answer and if you do, if you cut them off.	Ambulance
John	Michael	12/17/2014	Lutte, Ellen	Faculty	C-3 Communication with patients/families	The resident was doing a history and physical and asked about several leading questions for investigation of diabetes, the pt responded, nothing. After the initial questions, he never follow up questions for teaching and remediation			Please be aware of responsibilities for understanding a patient's needs and provide for nonverbal interviewing.	Ambulance

Monthly Reports Provide Formative and Summative Data

- Look for trends
- Identify areas of strength to reinforce
- Identify areas where there is opportunity for improvement

Use of Summative Data

- Design an IEP
- Used by CCC as a tool in milestone progression determination
- Use to determine which areas are NOT being assessed (gap analysis)

Filling the Gaps

- Advisor can review summative QuickNotes reports to look for where there is a lack of assessment
- Across the PROGRAM this can also be reviewed
- Tailor faculty development to emphasize under-represented areas

Filling the Gaps

- MOST encounters have components of multiple subcompetencies
- Steer away from strictly focusing on Patient Care and Medical Knowledge

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Putting this into practice...
From concept to reality



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Things to consider when providing formative feedback...

- Feedback provision is helpful not only about the outstanding and the poorly done, but also for those aspects of performance that are simply on target and/or adequate
- This is not only helpful to the resident but also to the Clinical Competency Committee when looking performance as related to the milestones
- Particularly powerful when combined with direct observation of clinical performance

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So how do we prepare our faculty for success with feedback provision?



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Poll Question: What are you doing at your program to train your faculty to provide formative feedback?

- a. Faculty development sessions
- b. Self-study materials
- c. Peer mentoring
- d. No formal training provided

Some side benefits of a subcompetency-anchored tool...

- Use of a subcompetency-based tool also increases faculty familiarity with the ACGME and acts as a passive form of faculty development
- Promotes assessment of a wider range of subcompetencies

Faculty Needs...

- Faculty need to be instructed in:
 - What to observe
 - How to observe
 - How to assess/rate
 - How to provide **formative feedback**
 - How to report this information and what tools to use

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Direct Observation of Faculty

- Pilot
- Provide additional training on tool use
- Provide feedback regarding quality and quantity of feedback provided
- Analysis of distribution of QuickNotes over subcompetencies

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“Observing the Observer”

- Faculty are scheduled once per quarter
- Can be more often if necessary or requested
- Peer observation (typically includes our Behavioral Science Director)

Peer Mentoring

- Opportunities to observe “best practices”
- Share experience of established faculty with newer faculty
- Can be incorporated into individual professional development plans

Take Home Points

- Direct observation and formative feedback are essential for milestone assessment
- Development of an efficient system and user-friendly tools can assist with obtaining pertinent information and providing high-quality feedback
- The use of subcompetencies can increase knowledge of domains of practice
- Faculty development is a critical factor in optimizing resident assessment and formative feedback provision

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Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

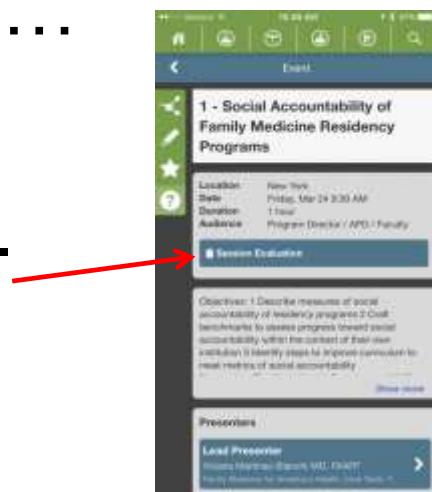


Social Q & A

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Please...
Complete the
session evaluation.



Thank you.

Thank you!



Contact information for further questions:

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