

Using Subcompetency-Based Electronic Formative Feedback in Resident Assessment Against the Milestones: Recognizing and Filling the Gaps

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Objectives

- By the end of this workshop, the participant will be able to:
 - Describe how formative feedback can be utilized to assess resident progress relative to the milestones
 - Discuss the importance of anchors in resident assessment and how the milestones can be utilized to provide these anchors
 - Discuss the advantages of subcompetency –based feedback in resident assessment
 - Discuss the importance of faculty development around the use of assessment tools

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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
- Please write down two pieces of feedback that you could provide the resident about their performance

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Video

[Patient Encounter Video](#)



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Share

- Select 1-2 partners
- Take turns presenting your observations with your partners focusing on:
 - How would you rate this resident's performance?
 - How and about what would you provide feedback?

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Large Group Report Out

- How easy was it to find things about which to provide feedback?
- In what ways do you normally provide this everyday feedback?

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Poll Question:

In which competency did your feedback fall?

- 1. Patient Care
- 2. Medical Knowledge
- 3. Systems-Based Practice
- 4. Practice-Based Learning and Improvement
- 5. Communication
- 6. Professionalism

Poll Question:

How did you rate the resident's performance?

1. Below expectations for level of training
2. At expected level of training
3. Above expected level of training

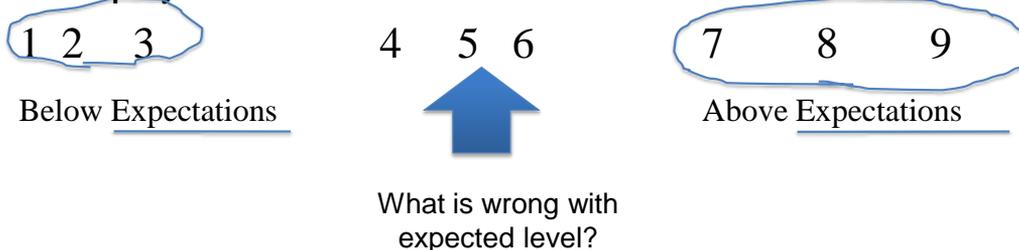
Limitations of Standard Evaluation Methods

- End of rotation evaluations/daily evaluations/session evaluations
 - Often Likert scales
 - Typically unanchored
 - Inherent bias
 - Strict/Lenient rater
 - Halo effect
 - Restricted scale
 - May not be level specific
 - Difficult to compare across residents
 - Open to interpretation by untrained raters

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Likert Scale

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



Whose expectations?

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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
-

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

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
- QuickNotes are electronic forms
 - Provide subcompetency-linked feedback

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 two years ago
- QuickNotes
 - Allows 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

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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

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

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Individual “snapshots” are helpful to the learner



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Characteristics of QuickNotes feedback

- Specific
- Tied to a clinical encounter
- Modifiable
- Reinforcing or redirecting

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With increased numbers of “snapshots” a larger picture is formed...



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Ultimately providing a more complete view of the learner



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Family Medicine

Mount Carmel Family Medicine | Timothy Graham | Help

Administration | Personal | Schedules | Evaluations | Duty Hours | Logger | Conferences | Portfolio | More

Log Books Logs

Create/Edit/Delete/View/View Test/Reschedule/Status

DETAILS FOR 18

Date of Log: 1/6/2016
 Logged By: Graham, Timothy
 Status: Family

WILSON PBL 18

Milestone Subcompetency:

Encounter Description:

QuickNotes M Rating:

Specific Feedback:

Setting: Ambulatory Inpatient Video Direct Observation Simulation Other

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

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Select Subcompetency...

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Administration | Personal | Schedules | Evaluations | Duty Hours | Logger | Conferences | Portfolio | More

Log Books Logs

Create/Edit/Delete/View/View Test/Reschedule/Status

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Milestone Subcompetency:

Encounter Description:

QuickNotes M Rating:

Specific Feedback:

Setting: Ambulatory Inpatient Video Direct Observation Simulation Other

PC-1 Care of patients with acute symptoms

PC-2 Care of patients with chronic conditions

PC-3 Disease prevention/health promotion

PC-4 Care of patients with undifferentiated signs/symptoms

PC-5 Performance of/knowledge about procedures

MC-1 Medical knowledge base

MC-2 Critical thinking skills

SBP-1 Consideration of cost in medical care

SBP-2 Patient safety

SBP-3 Advocate individual/community health

SBP-4 Coordination of team-based care

PBL-1 Use of evidence-based medicine

PBL-2 Self-directed learning

PBL-3 Improving local healthcare system

PRDF-1 Awareness/understanding of professionalism

PRDF-2 Demonstration of professional conduct

PRDF-3 Humility and cultural sensitivity

PRDF-4 Self care/personal growth

C-1 Patients/family relationships

C-2 Communication with patients/families

C-3 Communication with other health care providers

C-4 Use of technology in communication

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

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...and Rating

The screenshot shows a web application interface for "Log Books Logs". The page title is "Log Books Logs". Below the title, there are several sections: "Date of Log" (1/5/2015), "Logged By" (Diana, Thoma), "Status" (Faculty), "Encounter Description" (a text input field), "QuickNotes & Rating" (a dropdown menu), and "Specific Feedback" (a text input field). The dropdown menu is open, showing three options: "As Expected", "In Progress", and "Needs Immediate Attention". Below the dropdown, there are radio buttons for "Ambulatory", "Inpatient", "Video Direct Observation", "Simulation", and "Other". At the bottom of the form, there are three buttons: "Save and Return", "Save and Clear", and "Cancel and Return". The footer of the page is "AMERICAN ACADEMY OF FAMILY PHYSICIANS".

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

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

Mount Carmel

Administrative Personnel Schedules Evaluations Duty Hours Ledger Conferences Portfolio Mail Family Medicine - Timothy Cochran

Log Books Logs

View QuickNotes.M. That Resident????? Errors

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 view](#).

[Add A New Entry](#) [Search These Entries](#) [Generate A Report](#)

Show of 1

ID#	Domain	Date of Log	Suggest By	Status	Intentional Subcategory	Provider Description	QuickNotes ID Rating	Specific Feedback	Setting
520	Domain	12/18/2014	Cochran, Timothy Patrick	Faculty	C-1 Patients/family relationships	New patient to establish care	Needs Immediate Attention	I would recommend not screaming at your patient- this does not foster good relationships	Ambulatory
520	Domain	12/7/2013	Jermolov, John Michael	Faculty	C-1 Patients/family relationships	His of new pt with dx/med.		You did an excellent job of asking him about the quality of life by discussing his job satisfaction and marriage. This is often skipped over, but helps you get to know your job better and build a therapeutic relationship.	Ambulatory
520	Domain	12/7/2013	Ruane, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition		Took a sexual and personal hx. Said good that is a value statement and said it too much	Ambulatory
520	Domain	12/7/2013	Ruane, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition		Took a sexual and personal hx. Said good that is a value statement and said it too much	Ambulatory
520	Domain	12/1/2013	Garvey, Michael	Faculty	C-2 Communication with patients/families	New patient presenting with diabetes, uncontrolled	In Progress	in the future, recommend avoidance of publicly shaming patient.	Ambulatory
520	Domain	12/7/2013	Blair, Chad M	Program C-2	Communication with patients/families	Taking a history is a diabetic new patient		did not focus enough of history complications of DM, patient spoke of numbness in feet and this was not explored further, patient spoke of drinking multiple sodas per day, again not explored	Ambulatory
520	Domain	12/7/2013	Casoli, Anthony	Faculty	C-2 Communication with patients/families	Rx with diabetes		Many could ended questions without taking time to establish rapport. Would recommend more open ended questions.	Ambulatory
520	Domain	12/7/2013	Jermolov, John Michael	Faculty	C-2 Communication with patients/families	History taking of dx w/diag,rx		You maintained good eye contact and asked questions in a open-ended manner. This increases obtaining an accurate history.	Ambulatory
520	Domain	12/7/2013	Jermolov, John Michael	Faculty	C-2 Communication with patients/families	New pt in on for dx:		You were interviewing the pt directly during your res. Try directly exploring to the pt if you want yes or no answers and apologize if you cut them off.	Ambulatory
520	Domain	12/7/2013	Lind, Ellen	Faculty	C-2 Communication with patients/families	The resident was doing a history and physical and asked about several leading questions for investigation of diabetes, hypertension. However, once asking the initial questions, he relaxed follow up questions for learning and motivational interviewing.		Please be aware of opportunities for understanding a patients needs and goals for motivational interviewing.	Ambulatory

Monthly Reports Provide Formative and Summative Data

- Look for trends
- Identify areas of strength to reinforce
- Identify areas where there is opportunity for improvement
- Design an IEP
- Used by CCC as a tool in milestone progression determination
- Use to determine which areas are NOT being assessed

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

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A (Quick) QuickNotes Demonstration



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Putting this into practice...

From concept to reality



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Group Exercise Two

- Observe another brief video of a patient encounter
- After watching the video, you will each be asked to complete two QuickNotes (paper form)

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Video

[Patient Encounter Video](#)



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Poll Question:

Which competency did you select this time?

- 1. Patient Care
- 2. Medical Knowledge
- 3. Systems-Based Practice
- 4. Practice-Based Learning and Improvement
- 5. Professionalism
- 6. Communication

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Poll Question:

How did you rate the resident's performance this time?

- 1. As expected
- 2. In progress
- 3. Needs immediate attention

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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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Additional Benefits...

- 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

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Faculty Development

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

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Next Directions-Faculty Development

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

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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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Questions?



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During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.

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Thank you!



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