Developing Faculty to Provide Targeted Subcompetency-Based Formative Feedback

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Disclosures

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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

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
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
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?

1 2 3 Below Expectations

5 6

What is wrong with the expected level?

7 8 9 Above Expectations

Level of training?

Performance of peers?

Preceptor experience?

What expectations?

Performance of others of same specialty?

ACGME milestones?
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

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
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

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

With increased numbers of “snapshots” a larger picture is formed...
Ultimately providing a more complete view of the learner

Family Medicine
Select Subcompetency…

…and Rating
### 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)
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

Putting this into practice…
From concept to reality
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 at performance as related to the milestones.
- Particularly powerful when combined with direct observation of clinical performance.

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

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
“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

Poll Question:
Enter your email address to be included in any follow-up communication from the presenter(s).
Social Q & A

Please…
Complete the session evaluation.
Thank you.
Thank you!

Contact information for further questions:
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