

# Developing Faculty to Provide Targeted Subcompetency-Based Formative Feedback

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## Mount Carmel Family Medicine Columbus, Ohio



# 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

## 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



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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

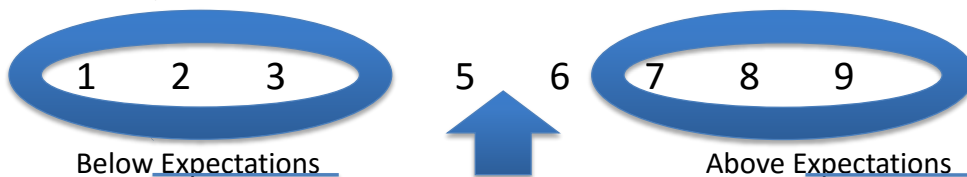
- End of rotation evaluations/daily evaluations/session evaluations
  - Often Likert scales
  - Typically unanchored
  - Inherent bias
    - Strict/Lenient rater
    - Halo effect
    - Restricted scale

# 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?

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

## 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

Mount Carmel Family Medicine | Timothy Graham | 1/16

Administration | Resources | Schedules | Equations | Duty Hours | Ledger | Conferences | Profiles | More

### Log Books Logs

Questions | Questions #1 | Test Results | Entries

**RESULTS**

Date of Log: 1/16/16  
Logged By: [System, Timothy] | [v]  
Status: [Secure] | [v]

**Encounter**

Encounter Description: [Text Area]  
Resolving Characters: 1,000 | [v]

QuickNotes M Rating: [Text Area]  
Specific Feedback: [Text Area]

Setting:  
 Ambulatory  
 Inpatient  
 Video Direct Observation  
 Simulation  
 Other

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

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# Select Subcompetency...

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Family Medicine Family Graduate

### Log Books Logs

Create/Edit/Archive/View Test Results/Events

DATE/TIME

Date of Log: 1/30/2016  
Logged By: Graham, Timothy  
Status: Active

DETAILS

Milestone Subcompetency

Encounter Description:

QuickNotes M Rating:

Specific Feedback:

Setting:

- PC-1 Care of patients with acute conditions
- 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
- MP-1 Consideration of cost in medical care
- MP-2 Patient safety
- MP-3 Advocate individual/community health
- MP-4 Collaboration of team-based care
- PL-1 Use of evidence-based medicine
- PL-2 Self-directed learning
- PL-3 Improving local healthcare system
- PROF-1 Awareness/Understanding of professional
- PROF-2 Demonstration of professional conduct
- PROF-3 Maintenance and cultural sensitivity
- PROF-4 Self-care/Personal growth
- C-1 Patient/Family/INTEROCCUPA
- C-2 Communication with patients/families
- C-3 Communication with other health care providers
- C-4 Use of technology in communication

Save and Retain | Save and Clear | Cancel and Retain

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# ...and Rating

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Administration Personnel Schedules Evaluations Daily Hours Logger Conference Portfolio More

Family Medicine Family Graduate

### Log Books Logs

Create/Edit/Archive/View Test Results/Events

DATE/TIME

Date of Log: 1/30/2016  
Logged By: Graham, Timothy  
Status: Active

DETAILS

Milestone Subcompetency:

Encounter Description:

QuickNotes M Rating:

Specific Feedback:

Setting:

Remaining Characters: 1,000

- As Expected
- In Progress
- Needs Immediate Attention

Remaining Characters: 1,000

- Ambulatory
- Inpatient
- Video Direct Observation
- Simulation
- Other

Save and Retain | Save and Clear | Cancel and Retain

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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

# 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)



# Sample Report

Mount Carmel Family Medicine - Touhy Campus

Administrations Personal Schedules Evaluation Duty Hours Logbook Conferences Rollcalls Misc

## Log Books Logs

View Questions All Test Resident Entries

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 [adjusting your view](#).

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

Show

Entry	Delete	Date of Log	Logged By	Status	Ministry/ Subcompetency	Encounter Description	Classification	Specific Feedback	Setting
Entry	Delete	12/16/2014	Cushman, Timothy Patrick	Faculty	C-1 Patient/family relationships	New patient in establish care	Needs Immediate Attention	Would recommend not supervising if you patients who does not foster good relationships	Ambulatory
Entry	Delete	12/7/2013	Jonesco, John Michael	Faculty	C-1 Patient/family relationships	He of new pt with diabetes		You did an excellent job of asking him about his quality of life by discussing his job satisfaction and marriage. This is often skipped over - but helps you get to know your pts better and build a therapeutic relationship.	Ambulatory
Entry	Delete	12/7/2013	Russell, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition		Think a social and personal hx. Good good that it is a value statement and said it too much.	Ambulatory
Entry	Delete	12/7/2013	Russell, Carol	Faculty	C-1 Patient/family relationships	New pt with chronic medical condition		Think a social and personal hx. Good good that it is a value statement and said it too much.	Ambulatory
Entry	Delete	12/11/2013	Karney, Jessica	Faculty	C-2 Communication with patients/families	New patient presenting with diabetes, uncontrolled	In Progress	In the future, recommend avoidance of publicly sharing patient.	Ambulatory
Entry	Delete	12/7/2013	Braun, Chad M	Program Director	C-2 Communication with patients/families	Taking a history in a diabetic new patient		did not focus enough of longterm complications of DM, patient spoke of numbness in feet and this was not explored further, asked spoke of drinking multiple sodas per day, again not explored	Ambulatory
Entry	Delete	12/7/2013	Casey, Anthony	Faculty	C-2 Communication with patients/families	Pt with diabetes		Many clinical related questions without taking time to establish rapport. Would recommend more open ended questions.	Ambulatory
Entry	Delete	12/7/2013	Jonesco, John Michael	Faculty	C-2 Communication with patients/families	History taking of pt with diabetes		You maintained good eye contact and asked questions in a non-threatening manner. This increases obtaining an accurate history.	Ambulatory
Entry	Delete	12/7/2013	Jonesco, John Michael	Faculty	C-2 Communication with patients/families	New pt for on his job.		You were interrupting the pt abruptly during your hx. Try directly exploring to the pt if you want one of his answers and apologize if you cut them off.	Ambulatory
Entry	Delete	12/7/2013	Little, Lisa	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, hypotension. However, once asking the initial questions, he refused follow up questions for teaching and motivational interviewing.		Please be aware of opportunities for understanding a patients needs and points 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



## 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 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

## 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).



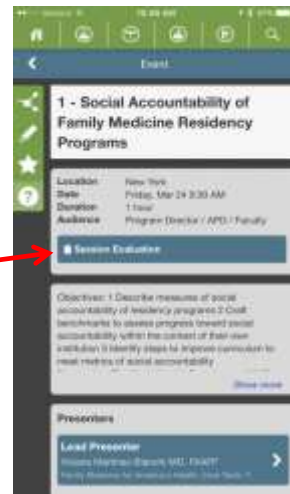
# Social Q & A

4  
7

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Please...  
Complete the  
session evaluation.

Thank you.



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Thank you!



Contact information for further questions:  
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