Providing Faculty with Meaningful Feedback from Residents

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Family Medicine Residency Program



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Objectives

- At the completion of this workshop, learners will be able to:
 - Redesign the tools used for faculty assessment to increase the quality and quantity of feedback given to faculty on their teaching skills
 - Assist faculty members with developing an individualized plan to improve their skills as educators
 - Evaluate faculty members relative to others in a similar role

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Poll Question

What is your role in your program?

- A. Program director
- B. Assistant/associate program director
- C. Program coordinator
- D. Residency faculty
- E. Resident
- F. Other

Poll Question

How often do your residents evaluate an individual faculty member?

- A. Never
- B. Annually
- C. Semi-annually
- D. Every time they work together on the inpatient service

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The Problem

- There is less clarity on the "competencies" for being a good faculty member
- Faculty evaluations tend to be:
 - Not helpful ("Love working with Dr. Huffman!")
 - Overly dramatic ("Dr. Huffman is rude and doesn't care about students.")
 - Focused on one area ("Dr. Huffman's PowerPoint slides had too many words on them.")

Institutional Background

- University of Missouri- Kansas City Family Medicine Residency- 1978
- 14-14-14 Program
- 13 block system
- Fellowships in Geriatrics, Surgical Obstetrics, and Sports Medicine.
- Located at Truman Medical Center Lakewood
- Primary Care Community Safety Net Hospital in Kansas City, MO

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Our Experience

- Residents evaluated faculty on each rotation
- Issues:
 - Some faculty had a lot of low quality evaluations
 - Other faculty who only worked in continuity settings had no evaluations
 - Evaluations focused on faculty's performance in one setting

Stanford Faculty Development Program Tool

- · Tool for students to evaluate clinical faculty
- Validated tool at home institution and others
- Seven domains of educational process
 - Learning climate
 - Control of the teaching session
 - Communication of goals
 - Promoting understanding and retention
 - Evaluation
 - Feedback
 - Promoting self-directed learning

Validation of the 25-Item Stanford Faculty Development Program Tool on Clinical Teaching Effectiveness Marcy Mintz , Danielle A. Southern , William A. Ghali , Irene W. Y. Ma

Teaching and Learning in Medicine Vol. 27. lss. 2, 2015

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Make a list for yourself....

- · What makes a good clinical teacher?
- Anyone want to share their thoughts?

Stanford Faculty Development Program Tool

Learning climate	Stimulated learner's interest in the topic.	.40	:
	Created an atmosphere that encouraged students to admit their limitations.	.61	.67
	† Listened to learners.	.75	.83
	† Encouraged learners to participate actively in the discussion.	.65	.65
	† Expressed respect for learners.	.81	.82
	Avoided ridicule and intimidation.	.86	.85
	† Encouraged learners to bring up problems.	.65	.67
	Was willing to say "I don't know."	.66	.69

Factorial validation of a widely disseminated educational framework for evaluating clinical teachers.

<u>Litzelman DK¹, Stratos GĀ, Marriott DJ, Skeff KM.</u> <u>Acad Med.</u> 1998 Jun;73(6):688-95.

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Control of session	Made efficient use of teaching time.	.41	.59
(1000 100 100 100 100 100 100 100 100 10	† Called attention to time.	.62	.81
	Covered all scheduled topics.	‡	‡
	Set an agenda for teaching sessions.	§	9
	Collaborated with learners in deciding what should be covered during teaching sessions.	§	9
	† Avoided digressions.	.65	.81
	† Discouraged external interruptions.	.58	.74

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Communication of goals	† Stated goals clearly and concisely.	.66	.58
	† Stated relevance of goals to learners.	.70	.67
	Stated expected level of competence.	.70	.66
	Checked out learners' acceptance of goals.	.81	.77
	Asked learners for their goals.	.86	.84
	† Prioritized goals.	.84	.85
	† Repeated goals periodically.	.86	.89
	Re-established goals as needed.	.84	.86

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Promoting understanding	† Presented well-organized material.	.52	.47
and retention	† Explained relationships in material.	.40	.41
	Answered learners' questions clearly.	‡	§
	† Used blackboard or other visual aids.	.79	.70
	Emphasized what he/she wanted learners to remember.	.44	#
	Had learners reformulate material.	‡	§
	Had learners apply material to own experiences.	‡	6
	Assessed learners' level of knowledge before teaching sessions.	‡	§

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Evaluation	Observed learners' performance (e.g., watched bedside skills).	.,58	.69
	† Evaluated learners' knowledge of factual medical information.	.52	.78
	† Evaluated learners' ability to analyze or synthesize knowledge.	.50	.73
	† Evaluated learners' ability to apply medical knowledge to specific patients.	.51	.70
	† Evaluated learners' medical skills as they apply to specific patients.	.56	.82
	Evaluated learners' attitudes as they apply to specific patients.	.47	.66
	Asked learners to self-assess.	.40	t

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			157/8
Feedback	Gave positive feedback to learners.	§	1
	† Gave negative (corrective) feedback to learners.	.81	.67
	† Explained to learners why ha/she was correct or incorrect.	.44	.54
	† Offered learners suggestions for improvement.	.57	.61
	Developed a plan for improvement with learners.	t	.50
	† Gave feedback frequently.	.58	.58
	Asked for learners' reaction to feedback.	§	.47

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Promoting self-directed	Asked learners to identify their goals, interest, and needs.	§	
learning	Asked learners how they wanted to address their goals, interests, and needs.	§	
459-020-	† Explicitly encouraged further learning.	.55	13
	† Motivated learners to learn on their own.	.59	- 5
	† Encouraged learners to do outside reading.	.73	
	Encouraged learners to make appropriate use of consultation.	.43	-
	Pursued his/her own continuing medical education.	.74	114
	Helped learners more effectively deal with obstacles to learning (e.g., daily work overload).	t	

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Teacher's knowledge	Revealed broad reading in his/her medical area.	.81	.76
1 - No. and Strong Concession And Co	Directed students to useful literature in the field.	.75	.60
	Discussed current developments in his/her medical area.	.79	.69
	Demonstrated a breadth of knowledge in medicine generally.	.71	.72
	Discussed points of view other than his/her own.	.47	±

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Other Items Considered

- Evaluation tool successfully used by our institution's emergency medicine residency
- Personal goals for our institution (e.g., poor response to pages, patient safety and satisfaction)

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- 1. This faculty member establishes a **positive learning climate** that makes me feel comfortable and stimulated, as demonstrated by his/her ability to:
 - · Listen to me
 - Encourage me to participate actively in discussions about patient care
 - Express respect for me and all members of the health care team, including the patient, in a culturally competent manner
 - Encourage me to bring up problems and solutions
 - Remaining easily available to me while they are covering the service/clinic
- 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 4 Excellent, top 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 3 Very good, top 50% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 2 Good, top 75% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 1 Poor, bottom 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category N/A I have not worked with this faculty member enough to assess their ability in this area

- 2. This faculty member **controls the teaching session** and is able to effectively manage, focus, and pace the teaching encounter (e.g., leading rounds, precepting in clinic, supervising a procedure, delivering a didactic) as demonstrated by his/her ability to:
 - · Pay attention to time
 - · Avoid digressions
 - Discourage external interruptions, including appropriate use of technology
 - · Complete required tasks in a timely and efficient manner
- 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 4 Excellent, top 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 3 Very good, top 50% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
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- 3. This faculty member **functions as a mentor and advisor** by working with me to establish mutually agreeable goals for my development and for good patient care, as demonstrated by his/her ability to:
 - State his/her goals for me clearly and concisely
 - State relevance of those goals for my personal and professional development
 - · Partner with me to ensure I achieve my personal and professional goals
 - Repeat goals periodically
- 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
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- 2 Good, top 75% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 1-Poor, bottom 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category N/A I have not worked with this faculty member enough to assess their ability in this area

- 4. This faculty member **promotes understanding and retention of knowledge** by using a variety of methods to enhance my comprehension and ability to remember important content, as demonstrated by his/her ability to:
 - Present well-organized material
 - · Explain relationships within material
 - Use technology and visual aids effectively in educational sessions
- 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 4 Excellent, top 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 3 Very good, top 50% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- 2 Good, top 75% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- $1-Poor,\,bottom\,25\%\,\,of\,\,all\,\,UMKC\,\,SOM\,\,Physician\,\,Faculty\,\,with\,\,whom\,\,I\,\,have\,\,ever\,\,worked\,\,in\,\,this\,\,category$
- N/A I have not worked with this faculty member enough to assess their ability in this area

- 5. This faculty member **provides regular and helpful feedback** to allow me to see areas where I need to improve as demonstrated by his/her ability to:
 - · Give negative (corrective) feedback
 - Explain to me why I was correct or incorrect
 - · Offer suggestions for improvement
 - Give feedback frequently
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- 1-Poor, bottom 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category N/A-I have not worked with this faculty member enough to assess their ability in this area

- 6. This faculty member **provides written evaluations** that allow me to see how I have done as I work towards achieving competence, as demonstrated by his/her ability to:
 - · Evaluate my knowledge of factual medical information
 - · Evaluate my ability to analyze or synthesize knowledge
 - Evaluate my ability to apply medical knowledge to specific patients
 - · Evaluate my medical skills as they apply to specific patients
- 5 Outstanding, top 10% of all UMKC SOM Physician 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
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- 1 Poor, bottom 25% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
- N/A I have not worked with this faculty member enough to assess their ability in this area

- 7. This faculty member **promotes self-directed learning** by addressing his/her role in enhancing my abilities to identify and act on my own educational needs, as demonstrated by his/her ability to:
 - · Explicitly encourage further learning
 - · Motivate me to learn on my own
 - Encourage me to do outside reading
 - Stimulate an environment of inquiry
- 5 Outstanding, top 10% of all UMKC SOM Physician 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
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- 8. This faculty member serves as a role model for an **outstanding family physician**, as demonstrated by his/her ability to:
 - Maintain the skills and knowledge needed to deliver patient care
 - Use patient-centered communication skills
 - Consider cost and currently available evidence when making decisions for patient care
 - Consider strategies to improve the quality and safety of patient care
- 5 Outstanding, top 10% of all UMKC SOM Physician 5 Outstanding, top 10% of all UMKC SOM Physician Faculty with whom I have ever worked in this category
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Open-Ended Questions

- 9. Relatives areas of strength:
- 10. Areas of focus on for improvement over the next year:

Roll Out

- Sent to individual residents to do on SurveyMonkey
- Aggregated results reviewed at resident retreat in October
- Additional comments added and confirmed the average scores given
- Aggregated data forwarded to individual faculty and program director

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Poll Question

Do you think our residents ranked us:

- A. Better than other faculty
- B. About the same as other faculty
- C. Worse than other faculty
- D. No residents completed the evaluation

Our Faculty's Scores

Category	Average	Standard Deviation	Range
Learning climate	3.97	0.73	3 - 5
Controls teaching session	3.83	0.83	2.29-5
Mentor/Mutual goals	3.94	0.70	2.63-5
Promotes retention of knowledge	3.87	0.68	2.5-5
Regular and helpful feedback	3.84	0.75	2.38-5
Promotes my self-directed learning	3.83	0.73	2.83-5
Serves as a role model physician	3.95	0.64	2.63-5

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Feedback to Faculty

Miranda Huffman

Rating	Category
4.4	Learning culture
4.6	Controls teaching session
5.0	Mentor/mutual goals
4.5	Promotes retention of knowledge
42	Regular and helpful feedback
42	Promotes my self-directed learning
4.25	Serves as a role model physician
Pros:	Huffman has done a great job in her teaching style and leadership to act as a role model to other attendee's. She has developed her teaching skills in a way that make residents better teachers and keeps them engaged. She is almost an expert in the answ of her teachings, whatever that may be. Dr. Huffman's strength is that whe teaches and makes time to teach frequently, instead of just getting work done. Didactic sessions, leaching other attendee's effective means of teaching residents, teaching students, expecting the most out of residents.
Area Of Focus	Huffman while she is great with HCV and HIV, it seems like this is almost her sole focus. Stepping out of her comfort zone would expand her expertise. She also seems to politicize administration and resident drama. Promoting collaborations and examinative would be more helpful for the resident or and resident drama. I would like Dr. Huffman to have more presence in the FRIC if possible. I would like to see Dr. Huffman become less rigid with her style of education and experiment with other styles; I think it would help her message get across to different groups and moods of groups.

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Self-Assessment

- · Completed by faculty before given results
- Faculty MUCH harder on themselves than the residents were

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Advantages for Residents

- · Fewer evaluations to complete
- Group discussion can lead to more thoughtful feedback
- More anonymity

Disadvantages for Residents

- Only completed once per year, so if there's a change this can be difficult to record
- Takes away from fun time at retreat

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Advantages for Faculty

- Feedback on all areas of their role as a clinician educator
- · Feedback from all levels of residents
- Focused time to review and focus on role as a resident teacher
- Questions asked using the criteria used by our promotion committee
- · Integration of "hot areas" for our program

Disadvantages for Faculty

- · Only get feedback once per year
- Difficult to monitor how changes are going

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Lessons Learned

- · Our residents are brutally honest!
 - Need to give more guidance on written feedback in the future
- Our residents think our faculty are better than other faculty

Next Steps

- Individual development plans with struggling faculty members
- Education of residents on how to give feedback
- Increased instruction on giving feedback

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Summary

- Use of Stanford Faculty Development Tool (with some minor modifications) can allow for global assessment of clinician educators
- Encouraging resident discussion can provide more robust feedback
- Annual feedback has advantages and disadvantages for residents and faculty

During the break...

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

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