

# Less is More: Simplifying Faculty Evaluations to Increase Completion Rate

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## Introduction

Regular, timely feedback is an essential component of medical education in regards to self-improvement.<sup>1,2,3</sup> Our program utilized a web-based, 35-question resident evaluation tool to provide written feedback to residents regarding their performance on rotations and in the continuity clinic. Supervising faculty for each rotation were expected to complete an evaluation for each resident on their rotation within two weeks of rotation completion. An audit showed that for the 2018-2019 academic year, we had a low compliance rate of completed evaluations of 32% within the expected two-week window, short of our program goal of 80%. Initially, our program sent e-mail reminders to rotation faculty to complete evaluations and discussed the importance of timely feedback in meetings. This resulted in a modest increase of the two-week completion rate to 53%. In order to further increase timely feedback to residents and increase our faculty evaluation completion rate, we sought to change our resident evaluation tool.

## Methods

- Primary outcome: two-week completion rate of resident evaluations on the web-based platform by faculty.
- Secondary outcomes: overall completion rate, reduction of late completions and improved faculty opinion of evaluation tool.
- Pre-intervention completion rate was calculated using the reporting system inherent in the web-based platform (New Innovations).
- Both core and adjunct residency faculty were emailed links to an anonymous survey regarding their perceptions of the current resident evaluation tool to help identify why there was a low completion rate.
- Using the results of the faculty survey, we created a new web-based resident evaluation tool which shortened and simplified the process of completing the evaluation. ACGME core competencies remained embedded in the new evaluation.<sup>4</sup> The new evaluation only had 9 questions with simple answer choices that included the an option for narrative feedback (Figure 1).
- After implementing the evaluation tool for at least 3 months, the new, simplified evaluation completion rates were then obtained and compared to the initial completion rates.
- Finally, the faculty were surveyed again using a similar short anonymous survey on Survey Monkey to assess their perceptions of the new resident evaluation tool. Those results were then compared with the first survey.

## Rotation Evaluation

- At what level did the resident perform patient care during this rotation?
  - Medical student
  - PGY1
  - PGY2
  - PGY3
  - Board certified, practicing family medicine physicianComments:
- At what level of medical knowledge and critical thinking did the resident demonstrate during this rotation?
  - Medical student
  - PGY1
  - PGY2
  - PGY3
  - Board certified, practicing family medicine physicianComments:
- How well did the resident demonstrate professionalism?
  - Below average
  - Average
  - Above averageComments:
- How well did the resident work as a team?
  - Below average
  - Average
  - Above averageComments:
- How well did the resident advocate for their patients?
  - Below average
  - Average
  - Above averageComments:
- How well did the resident show self-directed learning in evidence-based medicine?
  - Below average
  - Average
  - Above averageComments:
- How well did the resident communicate with patients, the team and in the medical record?
  - Below average
  - Average
  - Above averageComments:
- Were core osteopathic principles, such as treating the patient as a whole person, discussed and integrated into patient care on this rotation?
  - Yes
  - NoComments:
- What is your overall evaluation of the resident's performance on this rotation?
  - Fail
  - Pass with Reservation
  - PassComments:

Figure 1

## Results

### Two-week Resident Evaluation Completion Rate

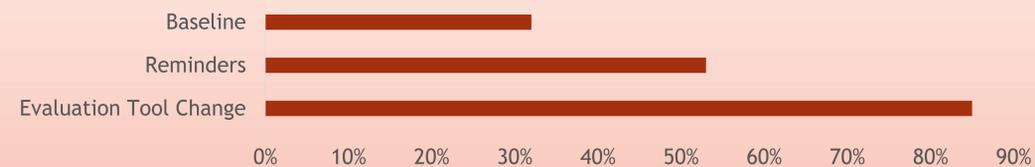


Figure 2

- Our primary outcome of the two-week completion rate of resident evaluations by faculty increased to 85% with the change in resident evaluation tool (Figure 2).
- We also saw an increase in overall compliance from 70% baseline to 98% post-change. There were also decreases in late completions from 47% baseline to 28% post-change.
- Our survey of faculty also demonstrated improvement:
  - More faculty believe rotation evaluations are valuable (change from 88% to 92%, with strongly agree improving from 25% to 42%).
  - Faculty opinion on whether important aspects of rotations could be evaluated increased as well (change from 56 to 92%).
  - The majority of faculty who were surveyed also no longer felt there were too many questions (change from 50% to 17%).

## Conclusion

- Implementing a new resident evaluation tool resulted in an increase in the two-week completion rate as well as an improved faculty perception of the evaluation tool itself.
- We believe that the reduced number of questions and simplified format were responsible for the increase in timely feedback residents received from faculty.
- Technological issues with the web-based platform were our main challenges:
  - Faculty initially still received the old evaluation form alone or in addition to the new form, which caused confusion. Hence we began our true data collection approximately one month into the new evaluations being deployed. One unintended benefit of this was that some faculty were able to compare the old and new evaluations side-by-side which gave more validity to our post survey improvement in faculty opinion.
  - We also had a separate technological issue in which the new evaluation forms were given a past due date, not allowing faculty to have a chance to complete “on time.” Thus, our improvement rates upon intervention may actually be underreported.
  - If a resident rotation schedule had changed from the original sequence, some faculty received evaluations for erroneous rotations. The effects of this technological issue is unknown.
  - Another challenge was that faculty were not sent an email regarding the deployment of the new evaluation until two weeks into the intervention period. Our intervention results may have been diluted because of this lack of communication regarding the changes to the evaluation process.

## References:

1. Hattie, J. & Timperley, H. The Power of Feedback. Review of Educational Research; 2007; 77(1); 81-112.
2. Myerholtz, L. et al. Residency Faculty Teaching Evaluation: What Do Faculty, Residents, and Program Directors Want? Family Medicine; 2019 June; 51(6); 509-515.
3. Ramani, S. & Krackov S.K. Twelve tips for giving feedback effectively in the clinical environment. Medical Teacher; 2012; 34:787-791.
4. Edgar, L. et al. Milestones 2.0: A Step Forward. Journal of Graduate Medical Education; 2018 June; 10(3); 367-369.

