

CORD 2019: Interdisciplinary evaluations of residents: the pearls and pitfalls of having non-EM faculty evaluate your residents

Alternate sources of feedback can contribute to more complete evaluations of residents:

- 360 evals are becoming more common and expected
- More sources give a more comprehensive picture
- May be unsolicited, for better or for worse
- Often on their best behavior in front of us
- Perception matters: we may think certain behaviors are fine but aren't well received by others; only way to figure this out is to hear from them

Sources may include: PAs, RNs, other non-faculty, off-service faculty, patients

PEARLS:

-RNs work closely with residents and may offer valuable feedback on milestone data

-milestones RNs can eval include:

-RNs are an integral part of the team

-they often see a side we don't

-PAs are taught by residents and often vice versa

-may have more or less experience

-will be future colleagues

-milestones PA can eval

PITFALLS:

-politics of the ED will play into feedback

-comments based on gender, friendships, drama etc.

-not understanding limitations of more junior residents

-expectations may be unreasonable/inappropriate

-power dynamics and hierarchy can go both ways

How do you discuss this information with the residents?

- It can be hard, they will take it (too much) to heart
- They may reveal their own biases towards any hierarchy in the ED
- They do need to take these evals seriously, but possibly depending on the context with a grain of salt.

Lessons learned:

-importance of introducing evals and their "point" to the evaluators

-using pointed questions that pertain to the evaluator

-deciphering comments and scores

-when to disregard an eval