Implementing Effective Faculty Development on Resident Assessment

David Della-Giustina, MD (Yale EM Residency Program Director)
David Hile, MD (Yale EM Residency Associate Program Director)
Katja Goldflam, MD (Yale EM Residency Associate Program Director)
Alina Tsyrulnik, MD (Yale EM Residency Assistant Program Director)

Narrative: The quality of our assessments are typically limited by the quality of our assessors. Many of us ask our faculty to use shift or rotation evaluations, and give good feedback, without much formal education or training. Creating, developing and implementing a faculty development curriculum on this is not easy though, due to multiple barriers such as faculty time, faculty interest, actual design of sessions and bolus vs drip implementation, as well as others. This session will aim to address these barriers as well as to present a way to successfully implement this type of a faculty development.

Goals & Objectives: At the end of this session the participants will be able to:
1. Identify barriers to successful faculty assessment of residents
2. Understand the important describe the key aspects of an effective faculty development program on resident assessment
3. Implement a successful faculty development program on resident assessment at their own institution
4. Demonstrate improvement in faculty evaluations after intervention

---

Barriers and Importance of Consistent Faculty Evaluation of Residents

1. Issues regarding faculty development in resident assessment
   a. Who is responsible for faculty education?
   b. How much time is available to educate?
   c. What percentage of the faculty will you be able to train?
   d. How do you actively involve them in the process?
   e. How do you demonstrate the importance and the direct impact of their feedback on the residents' growth and their evaluations?
2. The importance of feedback from numerous faculty
   a. Allows you to see an actual trend
   b. It gives broad-based consensus feedback to your residents
      i. Not just the solitary uniformly positive or uniformly negative faculty member
      ii. Allows for multiple evaluators who notice the small issues, which may turn out to be much larger issues when brought up together

     c. They develop "buy-in" to the residency education, evaluation and development process

     d. You have to put something in writing for the ACGME Milestones

3. Methods to implement your faculty development
   a. Single lecture
   b. Workshop / conference
   c. Quarterly or monthly education
   d. Email reminders and education
   e. Hands-on practice with discussion of the evaluations
   f. Typically it is a combination of several of these methods

4. The goal of this discussion is to give you something that you can take to your own institution and implement to better develop your faculty and to get good resident evaluations from your faculty.

5. Milestone based residency evaluations
   a. This is NOT using the milestones as the evaluation but framing the questions to better reflect the milestones.
   b. We are required to review it at the CCC and to evaluate each resident semiannually with a formal report that is uploaded to the ACGME.
   c. These are currently the best metrics we have to compare our residents and to ensure that they are progressing towards graduation.

Methods to Implement Faculty Development on Resident Evaluation

1. Determine where your faculty are in terms of their knowledge and understanding of the milestones, how they are used in resident evaluations and how the Clinical Competency Committee (CCC) uses your current evaluations
   a. Perform a survey of your faculty knowledge
   b. Have your faculty assess a resident or two based on their experience with the residents either on their own or as a part of the faculty development seminar
   c. If possible, show the wide variance of the faculty scoring on the milestones for several residents

************** Discussion of the Yale experience by Dr. Tsyrulnik **************

2. Develop your educational plan once you have your baseline
   a. Email out the milestones so the faculty have them and can review them
   b. Have each faculty member evaluate themselves using the milestones

      i. This can be done before a meeting and then discussed in the meeting

      ii. This can be performed in the meeting with the ensuing discussion that occurs regarding what the milestones are really asking

  c. Run a formal CCC at the faculty development session where the faculty observe how it is run and how the committee determines the scoring for 2 – 4 residents based on faculty evaluations, in-service scores, procedure lists, mock oral boards cases etc.

      i. Before starting, give a discussion of what the CCC consists of and what they do: it is broader than just picking a number on the milestones - faculty input and evaluations are key to providing data to the CCC.

      ii. Try to pick residents that fall into different categories (ie different years, dfferent level of succuess).

      iii. Have the CCC function without the outside faculty input regarding those residents being evaluated. (this may be hard to achieve).

      iv. As you go through each milestone, have the specific scoring visible on a screen so that the faculty can see what each number means.

      v. Try to explain how you came up with the particular score

  d. Review 2 – 4 residents' scores from the CCC with the faculty. Allow input from the faculty to the scores as to whether they feel the scores are too high, too low or correct.

      i. Be ready to show how the CCC made the determination for that score using your current evaluations

      ii. Have open time for discussion about each milestone

      iii. Ask for open feedback on the ways your faculty could improve upon your current system of feedback

****************** Discussion of the Yale experience by Dr. Hile ******************

3. Follow-on

  a. You are unlikely to get all of your faculty in any one setting; sending out summaries of your discussions and the basic educational points is good for those who did not make your sessions and will reinforce those issues you discussed for those who were present.

  b. Give a follow-up review of those changes you made to reinforce the positive feedback from the faculty and the review process

  c. Periodically present 2-4 residents' scores at faculty meeting. This re-familiarizes the faculty with the scoring system as well as hones them into any areas of focus for the individual residents.

d. May also or alternatively present the milestones initially 2-4 at a time to familiarize the faculty with the levels of progress within each milestone.

e. This is an ongoing process so you will want to guide periodic discussions or reviews of the evaluation process.

4. Assessment of faculty development
    a. You want to be able to demonstrate success of your faculty development module.
    b. How do you evaluate improvement in your faculty after the intervention?
    c. Your goals are:
        i. To get better quality evaluations from faculty
        ii. To get better quantity of evaluations from faculty
        iii. Evidence of improvement and data to show your intervention was successful
            1. Survey results (as above)
            2. Number of evaluations received total and per faculty
                a. More shift cards back, for example
                b. Who sends them back? greater number faculty than before?
                c. Level of detail of evaluations, e.g. amount of writing, number of comments
                d. Do faculty start referencing core competencies or milestones in their evaluations
                e. Are you able to gather feedback from residents about better evaluations
        iv. Motivating faculty is key, once you have seen improvement, reinforce by making available to them the improved numbers, response of residents, show them that their development has had an impact on the CCC with more accurate formative and summative feedback available to residents as a result of their contributions.
        v. This can be done by repeat "mock CCC" in a faculty meeting where you point out how much more data points you have to go on (shift cards, resident evaluations).