Stanford Developing Faculty Competencies in Assessment

Co-creation

Co-production


Date & Location
Thursday, September 23, 2021, 8:00 AM - Saturday, September 25, 2021, 12:30 PM PST, Webinar
ACGME Resident/Fellow Survey Evaluation/Feedback

Ann Dohn
Jie Li
Lizzie Greer
Matt O'Neill
Pedro Tanaka
Trey Huynh-Ngo

ptanaka@stanford.edu
ACGME Survey Domains:

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Education Content
- Diversity and Inclusion
- Clinical Experience and Education
Question

• Satisfied with faculty members’ feedback
  • Institution Program Compliant - 67%

“Dynamic and co-constructive interaction in the context of a safe and mutually respectful relationship for the purpose of challenging a learner’s (and educator’s) ways of thinking, acting or being to support growth.”

Bearman et al., 2020
• Conceptual frameworks help understand (illuminate) problems.
• Different conceptual frameworks emphasise (magnify) different aspects of the problem or elements of the solutions.
• More than one conceptual framework may be relevant to a given situation.
• Any given conceptual framework, or combination of frameworks, can lead to a variety of alternative solutions.

Cycle of Practice and Feedback

Continuity

Learning Context

Feedback vs. Assessment

• Assessment for Learning (Feedback) and Assessment of Learning

*Driving Lessons* vs. *Driving Test*

**Table 1** Implications for faculty development initiatives of distinguishing feedback from assessment

<table>
<thead>
<tr>
<th>Principle</th>
<th>Use in faculty development</th>
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<tbody>
<tr>
<td>Clearly distinguish between assessment for learning (feedback) and assessment of learning (high-stakes test)</td>
<td>Use a metaphor, like the difference between driving lessons and the driving test, to enable faculty to appreciate the difference between the two</td>
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<tr>
<td>Feedback focused on improvement as the guiding principle of clinical supervision</td>
<td>Build on the driving lesson metaphor: each encounter between learner and supervisor can be viewed (and framed) as a driving lesson, with the supervisor in the role of the driving instructor (not examiner)</td>
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<tr>
<td>Identification of underperformance (i.e. insufficient competence) requires input from multiple sources and, hence, a group judgement</td>
<td>Discuss how the group of supervisors can design methods to collect and collate data from multiple supervisors and encounters to form a clear picture of the learner’s (growth in) competence</td>
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<tr>
<td>Importance of department feedback culture on feedback delivery routines and learners’ receptivity to feedback</td>
<td>Support the supervisors of a clinical teaching department to develop a department feedback culture aimed at promoting growth and development</td>
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<tr>
<td>Teach feedback delivery techniques that support the principles of effective coaching to all supervisors</td>
<td>Emphasise that effective feedback is a conversation built on trust and mutual engagement, not a one-way delivery of information</td>
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<td>Use forms and portfolios that support the distinction between feedback and assessment</td>
<td>Avoid forms which contain both narrative feedback elements and overall assessments of competence or grades</td>
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<tr>
<td>Clear objectives and expectations regarding the principles of feedback</td>
<td>Teach programme directors to discuss the distinction between feedback and assessment with the supervisors and the learners in the department. Ensure that all supervisors understand this principle and encourage them to act accordingly</td>
</tr>
</tbody>
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*Brand et al, Perspect Med Educ 2020. Courtesy slide from Dr. Marianne Chen*
Educational Alliance

- Feedback System
- Learning Environment
- Cultural Competence

Courtesy slide from Dr. Marianne Chen

Telio et al, Acad Med 2015; 90:609-614
Factor 1: Cultural awareness, knowledge, and skill

Factor 2: Understanding of group-specific worldviews: (Asian, African American, Hispanic, Native American, gender, religion, sexual orientation, age, disability, etc.)

Factor 3: Personal encounters with culturally diverse others across the life span

Factor 4: Self-awareness of ascribed racial and cultural identity

Factor Interplay
GOAL:
Culturally competent decisions regarding interventions on all levels (individual, professional, organizational, societal)
Conceptualisation of the feedback literacy framework

David Carless & David Boud (2018), Assessment & Evaluation in Higher Education, 43:8, 1315-1325,
Milestones-Based Feedback Cycle

Depicts the role of the CCC in feedback and the partnership between the coach and trainee

Feedback from CCC
- Explanation of Milestones ratings
- Themes in comments
- Rotations to consider taking
- Accomplishment of goals
- Input for action plans

“Ongoing iterative process”

Trainee input, facilitated by coach
- Self-assessments
- Reflections and accomplishment of goals
- Progress updates on previous goals
- Portfolio evidence of achievement of Milestones
- Mutually agreed on action plans
Residency Fellowship Programs

- GME: Ann Dohn, Executive Director GME
- Pediatrics: Dr. Carrie Rassbach
Data: GME Annual Program Evaluation Survey
Overall comments: 324
Generated 411 excerpts in 11 themes

<table>
<thead>
<tr>
<th>Code System</th>
<th>Frequency (411)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely</td>
<td>88</td>
</tr>
<tr>
<td>Quantity</td>
<td>64</td>
</tr>
<tr>
<td>Specific Performance</td>
<td>60</td>
</tr>
<tr>
<td>Provide an action plan</td>
<td>57</td>
</tr>
<tr>
<td>Based on learning goals</td>
<td>37</td>
</tr>
<tr>
<td>Credible</td>
<td>30</td>
</tr>
<tr>
<td>No change</td>
<td>28</td>
</tr>
<tr>
<td>Based on first-hand data</td>
<td>26</td>
</tr>
<tr>
<td>Tailored to developmental level</td>
<td>9</td>
</tr>
<tr>
<td>Describe consequences</td>
<td>7</td>
</tr>
<tr>
<td>Remediable behavior</td>
<td>5</td>
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</tbody>
</table>
Key Qualities of Effective Feedback

• **Expected and given in a timely manner**
  - Make it a routine of patient care
  - Feedback needs to be delivered in real time to be useful
  - Having protected time for feedback
  - Attendings should tell residents in a timely manner about feedback if they notice a specific area that the resident should improve.

• **Regulated in quantity and focused on a few topics only**
  - More frequent specific feedback, but just 1 point each time rather than taking up 30 min on the last day of the rotation.
  - Needs less of it. We are a feedback frenzy in [residency program].
Key Qualities of Effective Feedback

• **Addressing specific performances not generalities**
  • To break down feedback into specific domains: workflow, treatment planning, knowledge base, clinical intuition, professionalism, communication,
  • Give directed and specific feedback on how the resident can start acting at a level appropriate for the following year, to be more growth-minded. Strongly discourage the feedback of "read more," which feels like an empty catch-all platitude that can be used in lieu of any true useful feedback

• **Provide an action plan**
  • Would love more targeted specific feedback with actionable suggestions. I noticed you were not as knowledgeable about this topic - here's a great review paper, let's discuss tomorrow.
  • Be specific about patient encounters and specific scenarios, with specific pointers on how to do better next time.
Key Qualities of Effective Feedback

• **Based on learning goals**
  • I would recommend that attendings ask early on to trainees what they are hoping to learn/gain from the upcoming rotation and that they will have periodic check ins to assess goals/areas of improvement.

• **Credible in the mind of the learner**
  • Being willing to provide feedback for residents even when they are just covering for a day would increase the perception that the resident is valued in that role and would increase the value of the educational experience.
  • Seeming investment in my development rather than clearly seeing it as an obligation.

• **Based on first-hand data**
  • It's better to actually just talk to the resident at the end of the case. Cover something they did well, something they need improvement on, and goals for next time. Do this debrief every time instead of rushing off to the next patient. It only takes 2 - 5 minutes
Key Qualities of Effective Feedback

• **Limited to behaviors that are remediable**
  • Lift the veil of secrecy so that criticism is truly focused on creating improvement rather than a political tool to raise or lower the perceived value of a particular resident.

• **Describe consequences of actions**
  • I think that feedback would be improved if attendings' feedback was not tied to promotion. This desperately needs to be dispelled.

• **Tailored to developmental level of resident**
  • Think about what advice you would tell a younger version of yourself. What have you learned in your practice over time, that you initially may not have known or appreciated.
Residency Fellowship Programs

• Allergy/Immunology: Dr. Sean McGhee
• Urology: Dr. Simon Conti
• Neuroradiology: Dr. Eric Tranvinh
Based on learning goals
Provide an action plan
Tailored to developmental level
Credible
Behavior remediable
Timely
Quantity
Specific performance
No change
Based on first-hand data
Describe consequences