

## How to teach faculty to do Resident Evaluations

I agreed to do the talk, but determined that you can't do that. So I gave up. So instead this talk will be about how to successfully evaluate your residents when your faculty can't or won't complete evaluations effectively.

- 1) Less is more—
  - a. Don't ask "what do I want them to do"
  - b. Instead asked "what are they capable of doing?"
  - c. Build your evaluations around that
- 2) Changing the Evaluation Process
  - a. Look at old evals
    - i. Ask what is useful and what is not
    - ii. Example: OCEX – We did a study to see if it could capture resident progress and found it did not. It is not useful.
      - iii. (<https://anyscreeninc.com/catalog/play/?v=182546> at video timestamp 1:10:22)
    - iv. Get buy-in:
      1. Admit to the faculty that what we have been using is not working
      2. Be prepared to stop using evals that don't work. We abandoned the OCEX. The faculty felt vindicated.
  - b. Identify domains that the residents feel are critical feedback elements
    - i. Example: narrative comments on surgical skill
  - c. Determine how to get faculty to give that input
    - i. Faculty strength: routinely gave verbal feedback after OR cases
    - ii. Faculty weakness: they did not document this feedback, so it is lost forever for the resident portfolio
      1. It takes too much time
      2. Can't find the form
      3. Have to do it at the end of the day then the cases run together.
    - iii. Capitalize on what they already do:
      1. Check the cell phone in between cases: Create a smart phone link based tool ([https://redcap.wustl.edu/redcap/srvrs/prod\\_v3\\_1\\_0\\_001/redcap/surveys/?s=LJ4N4CHC3C](https://redcap.wustl.edu/redcap/srvrs/prod_v3_1_0_001/redcap/surveys/?s=LJ4N4CHC3C))
        - a. Improves access from the old fillable .pdf form
        - b. Goal: make it more useful
    - iv. Make the new form actionable
      1. Originally developed by residents to reflect the feedback that THEY WOULD LIKE TO HAVE on each OR case
      2. Vet the form with the faculty
        - a. Eliminate elements that they admit they won't fill in
        - b. It reduces form length and represents the elements they have said they were willing to document
      3. So started with what the residents want, edit to what on that list the faculty are willing to do

- 3) Divide the pie
  - a. Old evaluations: everyone used the same evaluation
  - b. New evaluations: different faculty fill out different evals
    - i. Not everyone covers all bases but your assessment team can help hit all the major points
      1. Example: Move professionalism to the 360 form only – don't clutter the end of rotation eval with general professionalism elements.
      2. Lean on technicians and staff to help with the non-medical knowledge based assessments
      3. Many systems-based practice elements were removed from the subspecialty rotation evals but are still heavily represented on the consult service evals.
    - ii. Go to faculty: ask them, what do you want residents to learn on your service.
      1. Then put those elements on the eval.
      2. Leave the other stuff off – but make sure you have an evaluation tool that covers those elements that a different team member can complete
- 4) Data
  - a. Look at your tools
    - i. Do they give you good data?
    - ii. If they do not, why?
      1. Are the faculty just checking the box?
        - a. If so either get rid of the tool
        - b. Or get rid of the faculty who won't fill it out accurately as an evaluator
      2. Are they designed to measure what your faculty think residents need to know?
- 5) Milestones
  - a. Caution: Beware comprehensive assessments that are Milestones driven
    - i. Why?
      1. Milestones 2.0 is coming: you are going to have to change your tools to reflect new Milestones
      2. Cognitive overload: some faculty will revert to check the box if they are asked to do more than they are willing or feel is necessary
- 6) Conclusions:
  - a. Don't be afraid to abandon tools that don't work
  - b. Leverage the faculty strengths
  - c. Be flexible
  - d. Think outside the box
  - e. GOAL: good feedback. A little bit of good data is more useful than a lot of bad data.