Making Even Better Periodontists: Improving Resident Feedback
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11:45 – 12:00 p.m. – Summary and Closing Remarks – Dr. Reidy
Mary Beth Aichelmann-Reidy, Division Chief, Periodontics, Department of Advanced Oral Sciences and Therapeutics, University of Maryland School of Dentistry

I do not have any relevant financial relationships with commercial entities.

The majority of the programs reported that the instructors met collectively once per term to evaluate the residents’ progress. The results suggest that graduate periodontics programs provide their residents frequent opportunities for daily practice with verbal feedback from instructors. However, assessment strategies identified in other health professions as beneficial in fostering the integration of clinical skills practices are not employed.
How frequently do faculty members in your program assess residents’ surgical skills?

- Daily: 61%
- Weekly: 1%
- Monthly: 1%
- Semi-annually: 1%
- Annually: 6%
- Other (5%)

Figure 1. Frequency of evaluation of residents’ surgical skills in graduate periodontics programs, by percentage of total responding programs.
Resident Feedback Survey

How frequently do faculty members in your program assess residents’ periodontal evaluation, diagnosis, treatment, and planning skills?
How frequently do residents receive one-on-one feedback on their surgical skills from faculty members?
How often does the resident get summative feedback?

- Annually: 2 responses
- Semi-annually: 25 responses
- Monthly: 4 responses
- Weekly: 2 responses
- Daily: 0 responses
What methodology does your program use to evaluate residents’ skill level or attainment of competency?
Which of the following assessments do calibrated faculty members in your program perform?
Resident Assessment Feedback Survey

How do you share progress reports with your residents? (Select all that apply)

- Annual meetings (director or mentors)
- Semi-annual meetings (director or mentors)
- Summative reports
- Daily feedback

Response Count

6, 30, 16, 18
Practice points

- Establish a respectful learning environment.
- Communicate goals and objectives for feedback.
- Base feedback on direct observation.
- Make feedback timely and a regular occurrence.
- Begin the session with the learner’s self-assessment.
- Reinforce and correct observed behaviours.

- Use specific, neutral language to focus on performance.
- Confirm the learner’s understanding and facilitate acceptance.
- Conclude with an action plan.
- Reflect on your feedback skills.
- Create staff-development opportunities.
- Make feedback part of institutional culture.
<table>
<thead>
<tr>
<th>Procedure Implementation</th>
<th>Patient Management</th>
<th>Degree of Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Intervention:</td>
<td>Provider:</td>
<td>Provider:</td>
</tr>
<tr>
<td>Procedure:</td>
<td>Discipline:</td>
<td>Discipline:</td>
</tr>
<tr>
<td>Time (Hrs)</td>
<td>Grade:</td>
<td>Grade:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>Grade:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>Total (Hrs)</th>
<th>Total (RU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Residents

Faculty

Residents

Faculty
Technology to improve data

• Introduced Survey Monkey
  – Automated message in the faculty inbox
  – Summary reports
  – Graphs
### Q1 Clinical Performance

**Answered:** 6  **Skipped:** 0

#### Q1 Clinical Performance Overview

<table>
<thead>
<tr>
<th>Category</th>
<th>Answered</th>
<th>Skipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and Treatment</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Surgical Skills</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Patient Management</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Performance Ratings

<table>
<thead>
<tr>
<th>Category</th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Un satisfactory</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and Treatment Planning</td>
<td>16.67%</td>
<td>63.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>6</td>
<td>1.83</td>
</tr>
<tr>
<td>Surgical Skills</td>
<td>50.00%</td>
<td>50.00%</td>
<td>0.00%</td>
<td>0.06%</td>
<td>3</td>
<td>1.50</td>
</tr>
<tr>
<td>Patient Management Skills</td>
<td>50.00%</td>
<td>50.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3</td>
<td>1.50</td>
</tr>
</tbody>
</table>
Seminar Evaluation

Q3 Level Of Participation
Answered: 6 Skipped: 4

- Acosta, Ken
- Morgan, Bob
- Gay, Steven
- Brewer, Felicia
- J. Other

Q4 Quality of Discussion
Answered: 6 Skipped: 4

- Acosta, Ken
- Morgan, Bob
- Gay, Steven
- Brewer, Felicia
- J. Other
Case-based seminars
Semi-annual “Survey Monkey”

<table>
<thead>
<tr>
<th>Q1 Clinical Performance</th>
<th>Q2 Seminar Performance</th>
<th>Q3 Scholarly Activities and Research</th>
<th>Q4 Professionalism</th>
<th>Q5 Overall Progress toward Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and Treatment Planning</td>
<td>Level of Preparation</td>
<td>Professionalism</td>
<td>Professionalism</td>
<td>Progressing in all aspects of periodontics</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

*Her performance at the literature exam was very poor.*
### ASE PE/RIO Evaluation Form

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Resident</th>
<th>Date/Time</th>
<th>Faculty</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Management</td>
<td>S</td>
<td>A</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Reasoning Ability</td>
<td>S</td>
<td>A</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Degree of Independence</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Treatment-Specific

#### PeriOperative Phase
- Critical 
- Radiographic Disc
- Supportive Care: Compliance
- Supportive Care: Effectiveness
- TX/ Hygiene Recommendations

#### Surgical Phase
- Preparation & Receipt
- Surgical Design & Approach
- Technique 
- Decision
- Pre-Op Recommendations

#### Treatment Plan Presentation
- Critical 
- Radiographic Disc
- Interpretation of Findings
- Diagnosis
- Treatment Plan

#### Initial Therapy Evaluation / Evaluation of Active TX
- Critical 
- Radiographic Disc
- Interpretation of Findings
- TX Recommendations

Written comments may be provided on the back.

### Resident Self-Assessment

<table>
<thead>
<tr>
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<th>S</th>
<th>A</th>
<th>N</th>
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#### Student Comments:

#### Faculty Notes and Feedback:

Back to Card Stock
Survey of faculty and Residents-UMSOD

Q2 Are you satisfied with the verbal/daily feedback you are providing/receiving?

Answered: 12  Skipped: 1

- Yes
- No

Q3 Which format/timing of providing/receiving feedback is best in your opinion?

- Verbal and immediate
- Verbal and written
- Written evaluation form
- Cell Phone application
- Web-based application
- Other
Q4 Do you think using a cell phone application could improve providing/receiving feedback?

Answered: 12  Skipped: 1

- Yes
- No
- Don't know
Smart phone APP

Pilot with LSUSD
-with agreed upon parameters
Constructive and supportive comments captured

• Difficult diagnostic challenge. Maria sought consult with endo dept which gave misleading information. This totally changed the diagnosis and resulting treatment plan. It also required explanation to the patient. Became a positive learning experience.

• Good plan for implant placement with recognition of precautions due to history of the site. There was confusion related to the sizing of Densa burs which resulted in the over preparation of the site and lack of implant stability. The next larger implant diameter was successfully placed.

• Re-evaluation:
  Great understanding of issues based on findings. Good prioritizing of needs with appropriate treatment recommendations.
Thorough conversation with patient to explain prognosis. Good management of patient anxiety. Please improve PA quality.
Reminder: guest lecture next week

Please reserve lunchtime and early afternoon for Dr. Rosen's lecture.
Daily feedback

Electronic survey tools

Synthesize for better resident performance

Compliance

Effectiveness
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– Dr. Palaiologou-Gallis
Presentation Here
Group Discussion I

Table Leaders
• Sharing Effective Resident Feedback—What is working and what is not?

• What methods are you using for resident feedback?
  – Do you feel they are effective?
  – Can you share your techniques?
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Dr. Fryer presentation here
What techniques would you recommend and implement to improve resident feedback?
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