



2017 Postdoctoral Educators Workshop Making Even Better Periodontists: Improving Resident Feedback

At the 2017 Postdoctoral Educators Workshop, attendees gathered in small groups to review feedback options and discuss best practices for providing feedback.

Their thoughts were collected, and their transcribed responses are presented below.

Group Interaction 1 – 9:30 a.m.

Sharing effective resident feedback at your institution - What is working, and what is not?

What's working:

- Axiom daily evaluation
- Axiom electronic evaluations for each clinic session/procedure
- Axiom evaluations tied to billing and resident credit—resident is responsible to make sure faculty complete the evaluation
- Axiom use helps gather large amounts of data
- Programs using paper forms, e.g., Axiom, SurveyMonkey
- Mandatory evaluation in order for the treatment code to be approved in Axiom
- Surveys were thought to be helpful to document semi-annual and quarterly feedback
- Quarterly evaluations by faculty with a form
- Quarterly written evaluation (works very well for all programs)
- Semiannual evaluations by program director
- Semiannual evaluations with program director reviewing cases works very well for all programs
- Each term evaluation by faculty with electronic form identified primary area for resident improvement
- Each semester, resident self-evaluation, and program director's evaluation
- Semi-annual evaluations, which provide overall assessment

- Each term, conduct a summary assessment of resident progress by faculty using a form that assesses several aspects of resident progress
- Documentation (CODA) - traditional methods produce adequate documentation
- Verbal – formal CODA requirements biannual
- Binary checklist
- Resident evaluation for value for residents
- Case conference evaluations
- Semi-annual clinical evaluations
- Evaluation = competent or non-competent with follow up check boxes indicating why a particular evaluation was selected
- 55 procedures are evaluated—must be competent in all 55 procedures by graduation
- Competency exams – initiated by resident
- Clinical competency exams – specific procedures
- Using a “nice” approach
- Face-to-face feedback continuous to be most important
- Daily feedback immediately
- Daily assessments – satisfactory/unsatisfactory or numerical
- Daily feedback preferred
- Daily oral feedback
- Daily verbal feedback works very well for small programs of less than 10 residents, poses some challenge for large programs of more than 15 residents
- Written daily feedback on a shared drive electronic notes (works very well with army programs as it is part of their daily operations)
- Daily grading for poorly performing residents
- Daily paper procedure grading form with grades for various procedure steps
- Completion of daily grading with resident
- Paper forms to grade case presentations and mock board exams
- Feedback during competency exam provides a great opportunity for timely feedback
- What works is making residents responsible for getting the daily feedback - helps to assure it gets done
- Minimum supervision is important - only certain faculty do them
- What works well is having full time faculty members – makes calibration much easier

What's not working:

- Concern over daily grades can be overwhelming
 - Daily feedback on paper is not working
 - Checklist (paper) generates a lot of paperwork
 - Paper format lacks in timeliness, immediate feedback
 - Informal verbal daily feedback—not documented
 - Need to use verbal approach to provide feedback in a non-judgmental method
 - Frequent evaluating lead to a perception of being “judged” all the time
 - Faculty buy-in is a problem for some
 - Minimum participation from part-time faculty
 - Part-time faculty are short on time
 - One-on-one discussion of the procedure – more difficult with part-time faculty who need to leave promptly
 - When you have many part-time instructors, it is much more difficult to provide consistent feedback
 - Part-time calibration is a problem
 - Terminology/calibration are challenges
 - Easier to give feedback in smaller groups rather than to undergrad dental program where there are many more students
 - Evaluation with only two options is limiting. Should have at least three in order to identify exceptional or poor performance
 - SurveyMonkey difficult to conduct and have compliance
 - Electronic means of feedback may take away from direct one on one contact with residents
 - Manpower, time, tech-savviness, part time faculty, CODA, calibration
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Group Interaction 2 – 11:00 a.m.

What techniques would you recommend and implement to improve resident feedback?

- Use of Zwisch scale (use of SIMPL app)
- Use the scale based on the complexity of the case (i.e., difficult grafting or a complex one)
- Utilization of the summary report of the Zwisch scale (simple app) as a tool in conjunction with other methods of assessment for resident competency and privileging
- Use of friendly scale in the SIMPL app will help with monitoring the residents
- Use of the electronic app
- Consider using the app, paper form, etc. to evaluate residents as they progress and decrease the type of procedures assessed as the resident becomes more competent
- Cellphone app seems a good way of doing it
- Real-time plus simple (easy to use) but needs enough complexity to provide results
- Direct feedback as close to real time as possible
- A lot of interest and excitement about mobile app for feedback
- It streamlines documentation and provides information to director about faculty feedback to residents, especially part-time faculty
- Instantaneous feedback seems to be the best to provide feedback
- It should be verbal to allow for a conversation that foster a safe environment of the resident to explain the thought process that leads to the action (that we are trying to address)
- Use of an app is best coupled with verbal feedback
- Feedback is not the same as evaluation – it has to be a two-way street
- Involve the residents in seeking evaluations
- Customize: ask resident how they wish to receive feedback
- Individualized and based on the procedures feedback at every level including preparation
- Positive feedback – coaching
- Problem is student perception of faculty comments; taking things personally
- Verbal face-to-face immediate feedback is key; this should be also documented (app or Axium, paper?)

- After each student approval get auto-alert for feedback, daily and formalized
- Distinguish systems for personal/direct feedback official /institutional evaluation
- Use of survey format to get summative feedback
- Use of pop-up windows in the HER
- Address concerns about FERPA
- Initiating with self-assessment is very important before faculty gives their assessment
- Self-reflection/assessment followed by faculty feedback online
- Include a component in the assessment that addresses progress towards autonomy
- Gather useful data (not just a list of scores)
- Use data collected to support summative feedback, grades, progress decisions
- Use of SurveyMonkey, especially helpful in providing summaries, tables, and graphics
- The most important aspect is calibration
- Faculty calibration on utilization of the scale based on the year of the residency
- Calibrate faculty with standardized terms
- Staging autonomy by year vs. individual experience
- Need to define a skill set for each year
- Perform a quarterly desired skill set
- Consensus report from Programs/Academy/Board of what needs to be an appropriate level of progress for the scale (what is considered hard)