“Needs to Read More”
Writing Meaningful Comments on Resident/Fellow Evaluations

Miriam Bar-on, MD
Sandhya Wahi-Gururaj, MD, MPH
Kristen Stout, MPA
University of Nevada School of Medicine
SES 084
Disclosures

- Dr. Wahi-Gururaj and Ms. Stout have nothing to disclose.
- Dr. Bar-on serves as a volunteer CLER site visitor for the ACGME.
Outline of Session

- Introductions
- Mini-didactic
- Comment analysis
- Examples of frameworks
- Comment writing
- Discussion of means for implementation and faculty development at home institutions
Who are We?

**Role:**
- Program/Associate Program Directors?
- DIOs, DEO, CMO?
- Coordinators?
- PhD Educators?

**Experience:**
- Novice (new to position)
- Advanced beginner (<3 years)
- Competent (4-5 years)
- Proficient (>5 years)

**Discipline:**
- Emergency Medicine
- Family Medicine
- Internal Medicine and Subspecialties
- OB/GYN
- Otolaryngology
- Orthopaedic Surgery
- Pathology
- Pediatrics and Subspecialties
- Plastic Surgery
- Psychiatry
- Surgery
- Etc.
Questions for the Group

▶ Who is challenged by writing narratives about trainees?
▶ Who is challenged by getting one’s faculty to write narratives about trainees?
Learning Objectives

- Discuss the importance of written comments on resident/fellow evaluations.
- Describe structure and content of written comments which make them useful in an evaluation.
- Strategize methods of engaging and training faculty to write meaningful comments on evaluations.
Introduction: Meaningful Comments

- Remain a cornerstone of assessment
- Complement or inform scaled evaluation
- Should provide the learner and stakeholders information about performance
- Content analysis demonstrates many aspects for improvement
  - “a pleasure to work with”
  - “needs to read more”

Criteria for Narrative Comments

- Descriptive language
- Behavioral focus
- Specificity – “good job” – doesn’t cut it
- Non-judgmental
- Relates to the learning goals or objectives for the rotation
- Offers suggestions for improvement

Small Group Activity

- Either as a table or as part of a table
- Read the set of comments provided (from a variety of disciplines)
- Use template provided to analyze the comments
  - Strong comments
  - Comments that have potential
  - Comments that are not helpful
- Debrief
Frameworks for Writing Narratives
Basic Framework

- Strengths

- Areas needing improvement
Examples

Strengths:
- Focused H/P but important details present
- Presentations succinct but thorough
- Clearly explains illnesses process and plans to parents
- Asks the parents/patient to participate in decision making
- Knowledge of respiratory physiology taken into consideration when managing ventilators
- Calculations accurate in writing TPN
- Knows limits and asks for help appropriately, but willing to take initiative

Areas needing improvement:
- HPI often disorganized, thinking of the disease process will help in organizing thoughts
- Needs to use language that parents understand when discussing their child’s illness
- Reading about patients’ illnesses will help with developing management plans
- Familiarity with multiple antibiotics to treat an infection will help when formularies are restricted
- Arriving on time to the hospital will facilitate knowing one’s patients on rounds
- Reviewing the literature will help in providing evidence based care
Alternative Framework

- What was done well and should continue
- What should be done more
- What should be done differently
- What should be done less or eliminated

Developed by the Bayer Institute for Health Care
1998 Pangaro introduced RIME framework to classify observable trainee behaviors and skills into 4 easily described domains:

- Reporter
- Interpreter
- Manager
- Educator

RIME to PRIME+

- Adding “P” to RIME serves to explicitly address and highlight professionalism as its own domain
- Makes professionalism explicit rather than implicit
- “+” in PRIME+ - added to suggest areas needing improvement and/or additional development

Competency Framework

Structure comments based around six ACGME competency domains
- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Problem based learning and improvement
- Professionalism
- Systems based practice
Competency Framework

Patient care
- Focused H/P but important details present
- Calculations accurate in writing TPN
- HPI often disorganized, thinking of the disease process will help in organizing thoughts

Medical knowledge
- Knows pathophysiology of patients’ illnesses
- Clearly articulates rationale for antibiotic choice for patient’s infectious illness
- Unable to describe rationale for therapeutic intervention on patient with xxx disease process
Small Group Activity
Watch the videos and write a narrative that describes what was observed.

Share your narratives with members of your table.

Provide feedback to your peers about the narratives written.

Volunteers provide narratives for large group.
Strategies to Engage Faculty

- Brainstorming session:
Potential Options

- Faculty development
  - Implement this workshop
  - Snippet at a faculty meeting
  - Grand rounds
  - Change evaluation forms

- Will send snippet if leave email address
Take Home Points

- Written comments inform the scaled evaluation
- Important both for the resident and others such as members of the CCC
- Meaningful comments, like feedback have specific characteristics
- Strategies to improve can include providing faculty with a framework
- Faculty development is key
Questions??