FAMILY MEDICINE RESIDENCY: PRECEPTING EVALUATION IMPROVEMENT STUDY

PRESENTER: Hannah Cox

INTRODUCTION

- Previous evaluations in the outpatient clinical setting used 5-point scale that included multiple qualifiers , were time-consuming , and skewed competency ratings
- New evaluation tool using a 3-point likert scale tailored to resident level of training was created with hopes of increasing accuracy of scores and decreasing faculty burden (see right)
- This quality improvement process aims to study the effectiveness of the evaluation change

METHODS

1. Change in evaluation tool is proposed and drafted
2. Faculty development workshop on assessment techniques held
3. Plan for quality improvement discussed
4. Evaluation draft is revised with faculty focus group
5. New evaluations deployed
6. Q3 months discussion with faculty focus group held to refine evaluation tool

RESULTS & CONCLUSION

We believe conducting a quality improvement process for resident assessment should result in better quality and more accurate feedback at a lower burden for faculty.

This quality improvement process is ongoing, and once thematic saturation is achieved, the assessment process will end.

VTC | Virginia Tech Carilion School of Medicine

A **QI process** for faculty outpatient precepting evaluations is helping improve **relevance and timeliness** of evaluations.

Take a picture to **download** the **full paper**

THE EVALUATION TOOL

The new evaluation tool…

- ✓ Evaluates one qualifier per question
- ✓ Requires faculty to score residents based on their level of training
- ✓ Entails less reading and discretion, decreasing error due to faculty fatigue and interpretation
- ✓ Includes a variety of competencies in one evaluation

Example Question from Previously Used Evaluation Tool

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Misses relevant information in history and/or physical exam	Consistently gathers relevant information (including psychosocial), generates problem list, and develops basic management plan for common chronic conditions (Obesity, htn, DM, copd, asthma, arthritis, CAD/CHF, CVD)	Consistently develops management plans for common chronic conditions that is based on the use of quality indicators and appropriate clinical guidelines. Engages the patient in self-management discussions	Consistently develops management plans for less common chronic conditions, manages the conflicting needs of patients with multiple chronic conditions or co-morbidities. Clarifies goals of care with patient and his/her family.	Actively facilitates patients' and families' efforts at self-management of their chronic conditions and optimizes use of community resources.	
			« Collapse »			
2. PC-2 - Cares for patients with chronic conditions*	☐	☐	☐	☐	☐	☐

Example Question from New Evaluation Tool

	Not Observed	Does not meet expectations	Meets expectations	Exceeds Expectations
2. PC 2: Consistently develops basic management plan for common chronic conditions (Obesity, htn, DM, copd, asthma, arthritis, CAD/CHF, CVD).	☐	☐	☐	☐

Comments: Must include comments for "Does not meet expectations" or "Exceeds expectations."

INFORMAL QUOTES FROM FACULTY

- "The tool is way faster to work through, especially on-target residents."
- "It makes me think harder around what my expectations really are."
- "The flow of this evaluation is better than it was."

AUTHORS: Hannah Cox, M Ed, John Epling, MD, Laura Daniels, PhD, Mary Beth Sweet, MD, Priscilla Tu, DO

CARILION CLINIC