

## **Micro Faculty Development:**

# Northwestern Improving the Quality of Faculty Feedback via Monthly Performance Reviews





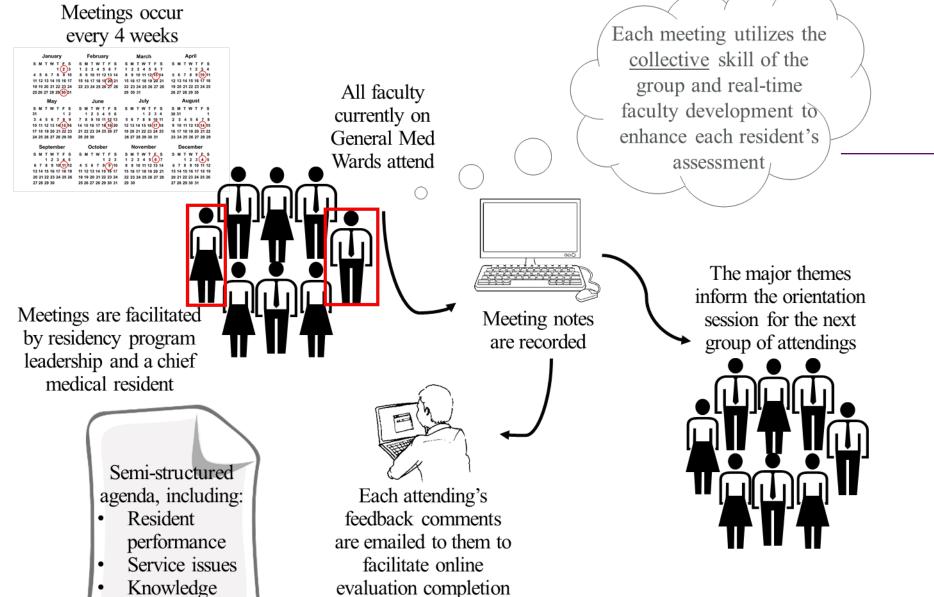
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#### **Background**

- Formal faculty development sessions often suffer from an untimely mismatch of content relevancy and faculty engagement.
- Providing timely feedback to residents through written evaluations can be challenging. Written evaluations are often completed after an attending is off service and may be delayed by conflicting responsibilities.
- Delayed evaluations can result in non-specific feedback and missed opportunities for residents to change behavior in a timely manner.
- Usually attending physicians complete evaluations in isolation, which limits the quality of the feedback to the attending's current skill set. An individual's skill varies depending on experience and additional training.

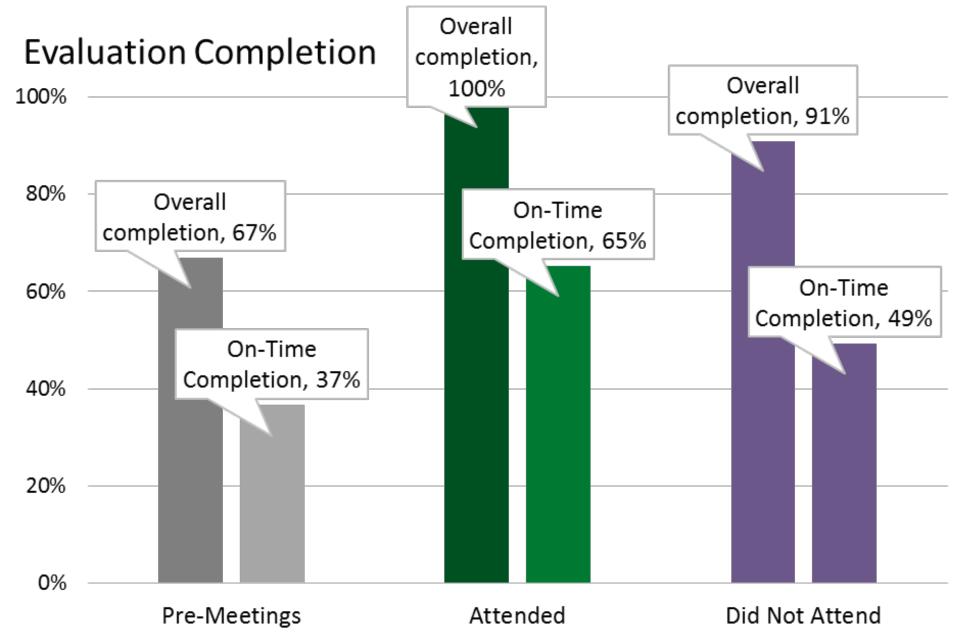
### Faculty Feedback Lunch



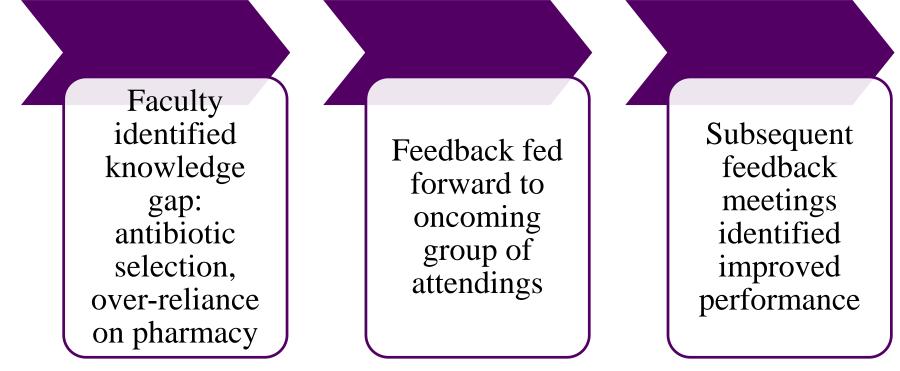
within 14 days

#### Results/Success

• After implementation, 39.2% of faculty attend a feedback meeting



## Lifecycle of a Feedback Theme



## **Quality of Evaluations**

Evaluation before Feedback Lunches (AY 2016-2017):

(Faculty A): "Very talented intern, impressive baseline knowledge, organized, reliable. Can become more assertive as is nearing end of intern year."

*In-Meeting Comments* (AY 2017-2018):

(Faculty A): "great patient advocate, goes the extra mile, clearly the leader of her time, good at delegating, appropriate knowledge base"..."improve use of patient-friendly language, needs to better communicate the team's thought-process to patients"

Written Evaluation Comments (AY 2017-2018):

(Faculty A): "Able to delegate appropriate tasks. Showed great empathy towards patients and their specific social situations. Strong fundamental knowledge, developing her clinical acumen. Very professional and effectively interacts with all members of the medical staff."..."Continue practicing effective communication of complex medical concepts in layman terms so that patients may be informed of team's medical decision making."

70% of verbal feedback is captured in written comments, in both "positive observations" and "areas for improvement". Quality of feedback is improving among faculty who attend the feedback lunches.

## Challenges

- Meetings occur once every 4 weeks, but attendings are on service for 2 weeks. It is logistically challenging for half of the attendings to attend the meeting due to conflicting responsibilities.
- Diverse faculty with varying competency in providing specific and actionable feedback.
- Timely integration with other evaluations to best recognize need for resident-specific learning plans.