Getting Beyond a Pleasure to Work With: An Evaluation Writing Workshop
Presenters

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Facilitator: ask for a show of hands to answer each question.
Most faculty have never received training in writing evaluations.
Most faculty find it difficult to write evaluations.
Most faculty don’t realize how these evaluations are used and how valuable they can be.
Facilitator: G&O may be customized to meet your needs.
Barriers to Giving Effective Feedback

Group Discussion
Facilitator: Ask your audience why it is hard for them to do written evaluations.
Barriers to Giving Effective Feedback

- Fear of upsetting the trainee
- Fear that negative feedback will make the trainee defensive
- Fear of negative repercussions
- Having general feelings and not specific examples
  - Hesitation to “fail” a trainee
- Not knowing if you are giving effective feedback

1. Hesketh, Med Teach, 2002
2. Park, Teach Learn Med, 2016

There are many common reasons why it is hard to give feedback. You are not alone.
Facilitator: Normalize the challenges of writing evaluations by reviewing this slide and/or sharing your own challenges.

Barriers to Written Evaluations

1. They take time, so you wait until you have time.
2. You wait and then you can’t remember.
3. You want to write something great, so you wait...see #2.
4. You were not happy with a resident’s performance and struggle with how to write it...see #5
5. It’s awkward...
6. Etc, etc
Facilitator: Discuss how evaluations are used in your program. Reinforce the importance of faculty evaluations.

Examples of how Evaluations may be Used

- Red flags for early intervention
- Semi-Annual review
- Letters of Recommendation
- Clinical Competency Committee data
- Used to inform the Milestones which are reported to the ACGME every 6 months
You know about the Core Competencies. These are further broken down into Subcompetencies, which are mapped to examples of specific activities. For example, the Subcompetency SBP1=Systems Based Practice statement is “Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other personnel).” For this Subcompetency, an example of a specific activity is “Transitions patients effectively within and across health delivery systems” Facilitator: if your faculty/evaluators are Milestones novices, it may be helpful to hand out the SBP1 page from The Milestones Guidebook so your participants can follow along.
Facilitator: review the differences between Traditional and Competency Based Education and Training.
Again, we are looking at where trainees are relative to where they should be when they complete the program. The Milestones are not all inclusive but meant to guide us in ensuring that a trainee becomes a competent physician.
Now we’ll see how we can use the Milestones to improve our written evaluations. **Facilitator:** let participants know that you will demonstrate this technique and they will apply it in a small group exercise.
We can probably all agree that everyone needs to read more but why and what?
What does “Needs to read more” actually mean? Most would agree that the trainee has knowledge gaps and needs to work on Medical Knowledge. Using the one page ACBME Milestones Guide (which was handed out earlier), the relevant Milestones identified are MK1 and MK2.
Review the Milestones example set
Find adjectives, adverbs...

Please identify all of the adjective and adverbs.
Let’s review the adjectives and adverbs.
“scientific”, “socioeconomic” “behavioral” “preventive” describe the type of knowledge gaps
“common” “basic”, “complex”, “comprehensive” describe the level of skill
“medically uncommon”, “ambiguous” describe a very high level of skill
# Medical Knowledge 2

## 7. Knowledge of diagnostic testing and procedures (MK2)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks foundational knowledge to apply diagnostic testing and procedures to patient care</td>
<td>Consistently interprets basic diagnostic tests accurately</td>
<td>Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures</td>
</tr>
<tr>
<td>Inconsistently interprets basic diagnostic tests accurately</td>
<td>Needs assistance to understand the concepts of pre-test probability and test performance characteristics</td>
<td></td>
</tr>
<tr>
<td>Does not understand the concepts of pre-test probability and test performance characteristics</td>
<td>Fully understands the rationale and risks associated with common procedures</td>
<td></td>
</tr>
<tr>
<td>Minimally understands the rationale and risks associated with common procedures</td>
<td></td>
<td>Pursues knowledge of new and emerging diagnostic tests and procedures</td>
</tr>
</tbody>
</table>

Comments:

Repeat with the next Milestone
Find adjectives, adverbs
Adverbs: “inconsistently”, “consistently”, ‘minimally”, “fully”, “accurately”
"Needs to read more" was rewritten with the addition of Milestones adjectives. This could an early learner.
By adding just a few adjectives and more specific content, this comment becomes richer for both the trainee and the program. The trainee now knows what he/she needs to learn and the program understands that this trainee is probably at an early stage of development in the Milestones and has an example of his/her knowledge gaps.
Example 1-using Milestones language
A More Advanced Learner

“Needs to read more”

“Needs to read more about management of medically complex patients in alcohol withdrawal”

“Needs to read more about the comprehensive management of medically complex patients in alcohol withdrawal”

“Needs to read more about the comprehensive, evidence based management of medically complex patients in alcohol withdrawal especially how to consistently and accurately adjust medications in renal failure”

This version could be for a more advanced learner.
Adverbs: “consistently”, “accurately”
Adjectives: “comprehensive”, “complex”
Example 2

“A pleasure to work with”

*What does a pleasure to work with mean to you?*

This phrase has been seen or used by most of you. It was cited in one Pediatrics paper as the most frequently used phrase in trainee evaluations.

**Facilitator:** Ask the audience what it means to them. Discuss audience responses.
Example 2

“A pleasure to work with”

What does a pleasure to work with mean to you?

It could mean that the trainee works effectively with the team to provide good care, which reduces the teaching attending’s workload and level of stress.

It could mean that the trainee treats everyone professionally and respectfully, to create a more positive working environment.

It could mean that the trainee communicates effectively so that everyone is “on the same page”.

What does “A pleasure to work with” mean?
Here are examples of what this might mean for your faculty.
Example 2

“A pleasure to work with”

Identify Relevant Milestones:

**Systems Based Practice 1:** Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals, and support personnel).

**Professionalism 1:** Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals, and support personnel).

**Interpersonal and Communication Skills 2:** Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals, and support personnel).

Based on the meanings listed on the previous slide, here are several relevant Milestones.
Determine what you are trying to say, then select relevant Milestones.
Adjectives and adverbs have been identified for Systems Based Practice 1. “other”, “all”, “collaborative” could describe the breadth of skill. “frequently”, “ineffectively” “actively”, “effectively”, “efficiently” could describe the skill level. Remember that unsupervised practice is when the learner is performing at the level of an attending.
Adverbs and adjectives identified for Interprofessional and Communication Skills 2

Adverbs: “inconsistently”, “consistently”, “actively”

Example 2-using Milestones
Professionalism 1

“A pleasure to work with”—this resident communicates effectively to ensure everyone is “on the same page”

“Consistently available to members of your team”

“Consistently available to your interns, students and nursing team”

“Consistently available to your interns, students and nursing team and coordinated communication effectively during complex situation”

“Consistently available to your interns, students and nursing team and coordinated communication effectively and respectfully during a complex situation with the family of a dying patient awaiting terminal extubation”

Notice that the original comment was 5 words long, the first rewrite is only 7 words long but much more informative.
Add relevant adverbs and adjectives—you are not limited to the Milestones examples. Add specific examples of situations or behaviors—the last example is richly informative and demonstrates a high level of skill.
Facilitator: Instruct participants to break out into groups of 4-6. Each group should have a facilitator at the table or a “floater” who will check in with each group. Each participant should have the ACGME Milestones list and each group should have at least one copy of The Milestones Guidebook.
### Evaluation comments

1. “A pleasure to work with”
2. “Good fund of knowledge”
3. “Needs to read more”
4. “Good team player”
5. “Compassionate”

Choose one comment, identify relevant Milestones, then rewrite. Include specific observed skills or situations. Apply relevant adverbs, adjectives and nouns. Share with your group. Ask the group members for feedback on your rewrite.

These are frequently used, we have probably all used them at one time or another. But they are generic, lacking detail and context; they do not help us understand if the trainee is making progress in his/her Milestones.

**Facilitator:** check in with each group, to clarify exercise, help select Milestones, etc. Allow about 15 minutes for the exercise.
Facilitator: Highlight the fact that the revised evaluations took only a few minutes but are substantially better.

Optional: you may wish to read or hand out the examples of well written evaluations which you have previously selected. This demonstrates that effective evaluations are already being done in your program. It may also help if the participants got “stuck”.

Group Discussion

Please tell us which evaluation your group selected and share your rewrites.

What did you get out of this exercise?
Use the adjectives and adverbs to help identify where the learner is on the road to meet all Milestones successfully.

More is not always more:

Think about specific situations/behaviors/skills

One specific example can be enough

If helpful, write in the second person, “You did…”

Do them promptly. Delaying reduces accuracy.

Additional Take Home Tips

Use the Milestones for language to describe strengths and areas for improvement

More is not always more

Think about specific situations/behaviors/skills

One specific example can be enough

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Do them promptly. Delaying reduces accuracy.

Park, Teach Learn Med, 2016

Use the adjectives and adverbs to help identify where the learner is on the road to meet all Milestones successfully.

More is not always more: the evaluation does not need to be lengthy—but as seen in previous example, being more specific, e.g. with adverbs/adjectives or a specific example of what a trainee actually did can add tremendous value.

Try using “You did…” if you find it easier to give verbal feedback.
Your assessments of our trainees are vital to our program but we acknowledge that it can be difficult to write evaluations. We use the Milestones to track the progress of our residents. Similarly, you can apply them to your evaluations.

**Facilitator:** Thank your participants and ask for questions. If you are using a pre/post survey, ask participants to complete them and then collect them.