Residency Faculty Teaching Evaluation: What Do Faculty, Residents, and Program Directors Want?

Linda Myerholtz, PhD; Alfred Reid, MA; Hannah M. Baker, MPH; Lisa Rollins, PhD; Cristen P. Page, MD, MPH

BACKGROUND AND OBJECTIVES: The Accreditation Council for Graduate Medical Education Common Residency Program Requirements stipulate that each faculty member's performance be evaluated annually. Feedback is essential to this process, yet the culture of medicine poses challenges to developing effective feedback systems. The current study explores existing and ideal characteristics of faculty teaching evaluation systems from the perspectives of key stakeholders: faculty, residents, and residency program directors (PDs).

METHODS: We utilized two qualitative approaches: (1) confidential semistructured telephone interviews with PDs from a convenience sample of eight family medicine residency programs, (2) qualitative responses from an anonymous online survey of faculty and residents in the same eight programs. We used inductive thematic analysis to analyze the interviews and survey responses. Data collection occurred in the fall of 2017.

RESULTS: All eight (100%) of the PDs completed interviews. Survey response rates for faculty and residents were 79% (99/126) and 70% (152/216), respectively. Both PD and faculty responses identified a desire for actionable, real-time, frequent feedback used to foster continued professional development. Themes unique to faculty included easy accessibility and feedback from peers. Residents expressed an interest in in-person feedback and a process minimizing potential retribution. Residents indicated that feedback should be based on shared understanding of what skill(s) the faculty member is trying to address.

CONCLUSIONS: PDs, faculty, and residents share a desire to provide faculty with meaningful, specific, and real-time feedback. Programs should strive to provide a culture in which feedback is an integral part of the learning process for both residents and faculty.

(Fam Med. 2019;51(6):509-15.)
doi: 10.22454/FamMed.2019.168353

The Accreditation Council for Graduate Medical Education Common Residency Program Requirements stipulate that each faculty member's performance must be evaluated annually, and must include "a review of the faculty member's clinical teaching abilities."[1] Feedback is an essential element in this process. Yet, the culture of medicine poses challenges to developing effective feedback systems: valid bidirectional feedback can be challenging in a hierarchical educational structure; patient care takes priority over teaching; and learners often have limited contact with multiple instructors.[2] Likewise, no uniform expectations are universally accepted for clinical instruction,[3-5] despite existing for learners.[6,7] Without well-defined expectations regarding instruction, feedback provided to faculty members may not be adequately focused. This paper explores current and ideal characteristics of faculty teaching evaluation systems from the perspectives of faculty, residents, and residency program directors (PDs).

Methods

We utilized two qualitative approaches. First, we conducted confidential semistructured telephone interviews with PDs from a convenience sample of eight family medicine (FM) residency programs. The interview guide for the semistructured interviews (Table 1) was formulated after conducting a literature review and was developed by a panel of faculty experts in the fields of graduate medical education, behavioral science, and qualitative data collection. The expert panel also

From the Department of Family Medicine (Drs Myerholtz and Page, and Mr Reid), and the Lineberger Comprehensive Cancer Center, University of North Carolina Chapel Hill (Ms Baker); and the Department of Family Medicine, University of Virginia, Charlottesville, VA (Dr Rollins).

Table 1: Program Director Interview Questions

Please tell me how faculty teaching is currently evaluated in your residency program.
Please tell me about how the actual evaluations are structured.
Once collected, how are faculty evaluations used?
What is your opinion of the current faculty evaluation process within your residency program?
What are residents' opinions of the current faculty evaluation process within your program?
What are faculty members' opinions of the current faculty evaluation process within your program?

included a former residency program director. Questions explored the current process for faculty teaching evaluation with probes related to challenges, successes, barriers, and gaps within the current system. One member of the research team (H.B.) conducted the interviews. The interviewer asked each question of the program directors, along with appropriate probes in order to ensure a thorough exploration of each question. Interviews were recorded with permission of the respondents and transcribed verbatim.

Second, we emailed an anonymous online survey link to faculty and residents from the same eight programs with questions related to participants' perceptions of the current faculty teaching evaluation system. The survey was primarily quantitative, but concluded with the open-ended question: "In your ideal world, what would the faculty teaching evaluation process look like?" A postimplementation survey was also administered to programs following piloting of a mobile application to collect point of teaching feedback from learners, and the quantitative data from pre- and postimplementation will be analyzed together and published separately.

The research team used an inductive thematic analysis approach[8] to analyze the interview transcripts and narrative survey responses; one research team member reviewed the data and developed initial codes, sorting quotes and salient text by code. The other team members then reviewed the initial codes and related text and developed additional codes that emerged from the data. The team then met to resolve coding discrepancies and discuss emergent themes. It is important to note that rather than conducting data collection and analysis to the point of saturation, the research team analyzed the data with the intention of identifying and developing salient themes mentioned across programs. This is a result of the data collection being a part of a small implementation study of eight family medicine programs pilot-testing the aforementioned mobile application.

The University of North Carolina Chapel Hill's Institutional Review Board approved this study (IRB #17-2052).

Results

Interviews

All eight (100%) PDs completed interviews. The following themes emerged across interviews.

Culture of Evaluation. PDs discussed programmatic conventions that foster a culture of evaluation, including having both residents and faculty involved in the feedback process, maintaining a high degree of mutual trust, and a shared understanding of feedback as an important element of performance improvement rather than just a task to be completed.

Faculty Behavior Change. The majority of PDs described the importance of an evaluation system that fosters faculty behavior change; several indicated they believed their programs succeeded in this regard.

Evaluation Fatigue. Many PDs identified the large number of evaluations residents are required to complete as a barrier; several also indicated they have attempted to address this barrier within their programs.

Quality of Feedback. Several of the PDs noted that the feedback to faculty members is often of low quality, provides no actionable information, and is often received out of context or too long after the event.

Table 2 provides illustrative quotes of each theme.

Surveys

Survey response rates for faculty and residents were 79% (99/126) and 70% (152/216), respectively. Forty-nine percent (62/126) of faculty and 28% of residents (61/216) responded to the specific open-ended question described in this paper.

As shown in Table 3, faculty and residents expressed several themes in common regarding the ideal feedback system. Half of respondents in both groups noted that feedback should be specific enough to enable behavior change. As separate groups, similar proportions of faculty and residents described an evaluation process that captured feedback in real time. Roughly equal proportions of faculty and residents used the word "timely," but without specifying what that meant. Similar proportions of faculty and residents indicated a desire for feedback at set time intervals rather than constant or ongoing. Faculty and residents differed in the extent to which they mentioned ease of use of the feedback mechanism, with faculty mentioning this less often than residents. This is also the case for ability for feedback to be provided anonymously, with residents mentioning this more often than faculty.

Eight themes were unique to faculty, with the following three being the most salient: regular frequency of feedback (29%), easy accessibility of feedback (21%), and feedback from peers (10%). Another eight themes were unique to residents, with the following three being the most salient: a preference for providing in-person feedback (21%), the opportunity to provide narrative feedback (15%), and a feedback process that does not result in retribution for negative feedback (13%). The rest of the themes are listed in Table 3.

Discussion

Many of our findings are consistent with commonly accepted characteristics of effective feedback.[9] Throughout the data collection process, we did not explicitly distinguish between feedback and evaluation, and results reflect this conceptual

Table 2: Program Director Interview Themes and Sample Quotes

Theme	Definition	Examples
Culture of evaluation	Description of ways the program either welcomes or discourages an environment in which residents readily give feedback to faculty	"Well I think we just work really hard to ensure that people are really comfortable with the faculty and they know they're just people as well. We have our beach retreat coming up and one of the goals is that by the end of the weekend the residents are all comfortable calling the faculty by their first name. It's a little thing, but I think just making sure people do feel that comfort is really important. Additionally we really have a strong commitment to feedback…and so I think that just integrating it into the culture and the norm does make it a little bit more comfortable for residents to give feedback to the faculty too." "I think they [faculty] would say it's very important. They really, really appreciate having the comments in particular…Because they all want to be good doctors, they're teaching physicians and they're all really motivated to be good physicians and that's their way that they can improve." "…it seems that it's just something like a task rather than truly a tool to improve ... and to hold you to certain standards. Nothing is done formally to address those either issues or positives and ... build from academic year to academic year."
Faculty behavior change	The extent to which faculty members change their behavior as a result of evaluations, or resident perceptions that faculty use the feedback	"Um, actually I think our faculty take them pretty seriously and of course you know they'll look at the one negative comment out of 200 positive comments. But I think they have changed behavior on that, and some specific things that have come up, they will address those as best they can. Some of it's personality, some of it is ya know, the residents sometimes will address the personality as opposed to their abilities, but for those that they can change, they have been pretty good at picking up on those and trying to affect change with them." "I think there is concern from the residents that maybe we don't use that feedback. I guess probably they are concerned because they don't know what the process is once they turn it in, I don't know that all of them understand that we do give that feedback"
Evaluation fatigue	The burden on residents to complete multiple evaluations	"we have a ton of evaluations to do already whether it be the residents, whether it be medical students, whether have to do all staff members, it's just constant evaluation fatigue." "…evaluations in general are challenging things to complete because you're just so darn busy taking care of basic business so the last thing you want to do is complete an evaluation."
Quality of feedback	The extent to which the entries incorporate components of effective feedback[9]	"A lot of feedback from residents to faculty is very just positive feedback instead of necessarily constructive criticism." "The negative is that our faculty on occasion, not a lot, have found that the feedback is not tied to specific events or specific context and therefore, I have one faculty member who was absolutely flummoxed by the feedback she said I don't know how to respond to feedback because I don't know what context the people perceived that I was acting in such a way." "…to stop and actually evaluate faculty members can sometimes be a challenge… Just giving a number, saying oh, patient care was a four. I mean really like, stopping to think about what things went well and what constructive criticism could be given [is a challenge]."

Table 3: Themes: "In Your ideal World, What Would the Faculty Teaching Evaluation Process Look Like?"

Theme	Definition	Faculty Examples	Resident Examples
Actionable	Extent to which feedback is specific, provides examples, and can be used to foster behavior change	"Clear examples of what was helpful and what could be improved on (timing, content, presentation style)" "It would be great to get meaningful comments about my teaching that were actionable and actually constructive." "I would get feedback on actionable specific things to improve my teaching"	"This is how it should be. Faculty have posted somewhere things they would like to improve on. You evaluate specific goals/aims of those faculty." "Candid and constructive. I enjoy when faculty tell me what they are wanting to improve on so I can specifically address their areas for growth"
Captured in real time	Feedback collected close to the time of the event	"instantaneous and recordable, but not being able to ID the evaluator" "I would receive real time feedback from learners on strengths and areas for growth that is based on expectations for performance that are realistic and tied to resident learning and growth"	"Fast. Immediate. Done right after the session." "Short and in the moment."
Easy for evaluator	Extent to which process of documenting the feedback is quick and user friendly	"Real time, fast for learners and not burdensome. Maybe with check boxes of good and bad things for a teacher to improve upon." "Create an easy to access web tool for learners and faculty to access and review that takes under 5 min to complete." "quick and painless"	"It would be an integrated, intuitive, and timely process. In other words, it would take place in the context of working with the faculty member and prevent me from having to think back weeks or months in time to how a faculty member performed." "Something I could do on my phone that would be quick, like less than 2 minutes. Right now we have a long list of questions and that's too much." "Electronic, quick, efficient." "An app on our phone that we could have easy access to complete evaluations"
Timely	Not necessarily in the moment but comment mentions a time period within which evaluations ought to be completed	"More timely & specific" "Actionable timely feedback" "Specific, constructive, timely, accurate"	"I think in-person feedback is best, but frequent timely surveys are fine too." "Probed to give feedback about attendings soon after working with them (in clinic and on wards)"
Anonymous	Source of feedback unknown to faculty	"written anonymous comments that are detailed"	"I also think it should be anonymous. The one thing about [program's evaluation system] is that I've heard it's not and that makes me less likely to place constructive feedback there." "Anonymous, or at least de-linked from feedback coming the other way."

(continued on next page)

Table 3, Continued

Theme	Definition	Faculty Examples	Resident Examples
Set interval	Interest in receiving/ giving feedback at a set interval of time rather than constant or ongoing feedback, in some instances to reduce information overload	"It would be nice to get aggregate numeric and qualitative [comments] on my teaching efforts on a quarterly basis. I'm not sure that I'd want feedback more often as it would risk "information overload" given all of the other performance metrics that physicians are bombarded with in this era. However, quarterly feedback seems like a frequent enough interval to encourage teacher self-reflection and improvement v. risking information overload."	"I would be prompted to complete evals of faculty each time I work with them in clinic or on [the wards]. I think if we were prompted to do it weekly, like submitting work hours, I may be better about doing it." "Monthly evals of faculty you work with, written, similar to inpatient eval system."
Nonnarrative	Desire for quantitative feedback	"360 evals, quick and easy to complete, frequent like monthly or quarterly, both scores on a Likert scale and actionable descriptive comments"	"A short survey with 4-6 multiple choice answers and an optional box for comments."
Frequency received	Expressed interest in receiving feedback regularly	"Receipt of timely, actionable feedback on a regular basis so I can improve as I go…rather than finding out once or twice a year that I could be doing things better." "It would also be timely, so that I could adjust on a monthly basis."	
Accessible	Extent to which feedback is readily available to faculty (timing, documented, available when faculty need to access it)	"In an ideal world, I would have ready access to how residents perceive my teaching style and processes and have a good understanding of areas that I am perceived as strong and weak. I would understand resident perceptions and how they might require modification for improvement. This data would be provided on an on-going basis (at least quarterly) and in sufficient quantity to assure that the data is truly representative." "Ongoing feedback from residents, students, and colleagues that is accessible on-line and includes both positive and constructive comments."	
Peer feedback	Desire for feedback from fellow faculty	"I should get feedback from both residents and co-faculty, ideally." "Faculty directly observing teaching with in the moment direct feedback from other faculty and residents"	
Competency-based	Interest in feedback being linked to common standards for teaching	"It would be comprised of teaching categories/ characteristics that break down into milestones or areas of proven effective teaching."	
Representative	Extent to which sufficient feedback is received to be generalizable	"Simple, timely, easy to access. Input from enough trainees to feel somewhat confident about "robustness" of the feedback. More useful, relevant and timely feedback."	

(continued on next page)

Table 3, Continued

Theme	Definition	Faculty Examples	Resident Examples
Mentorship	Desire for guidance from another faculty for professional development	"direct feedback after one on one evaluation and assistance by an Education professional"	
Culture of evaluation	Open feedback considered regular part of environment	"In an ideal world, I would love for feedback in general to become so integral to our program culture that it naturally flowed both from faculty to resident as well as from resident to faculty, resident to resident and faculty to faculty. We would all therefore get in the moment verbal feedback in addition to written feedback periodically. "	
Used for promotion	Feedback is used in faculty review process	"Faculty would receive quarterly narrative teaching evaluations from residents (aggregated so anonymous). Summative available for annual review with PD and Chair"	
In-person	Feedback is given face to face		"In person, in real time." "I think the best way to provide feedback would be in person."
Narrative	Open-ended, written or verbal feedback		"Completely anonymous, short survey that allows for free-writing section to elaborate on faculty's teaching, both positive and constructive criticism"
Safe	Giving constructive or negative feedback does not result in retribution		"Face to face after a rotation asking for real time feedback with allowances made to lodge grievances in a professional way" "Quick, in the moment, able to give direct feedback without fear of criticism or it negatively impacting your own evaluation"
Dedicated time	Time specifically set aside for evaluation		"I think it would be productive if residents could have time set away to discuss as a group faculty teaching, what we like and don't like as an organized group."
Reciprocal	Faculty and resident evaluate each other		"The faculty and resident exchange feedback for one another at the end of a time period working together."
Exemplary	The current system is ideal		"We do well. I tell my preceptor what I like and what I don't like all the time."

(continued on next page)

Table 3, Continued

Theme	Definition	Faculty Examples	Resident Examples
Followed up	It is clear that feedback is heard and acted upon		"An anonymous platform where the feedback is transparent to residents and action to correct it is published so we know our voices are being heard and valued. Currently it feels like nothing will ever change"
Group	Feedback is given in a group setting		"I enjoy the group format reviews we do as it comes from the class as a whole."

overlap among participants. Both PD and faculty responses identified a desire for actionable, real-time, frequent feedback that can be used to foster continued professional development. Residents indicated that feedback should be meaningful and with a level of specificity that helps faculty improve. Residents also indicated that faculty feedback should mirror the resident feedback process (ie, with explicit, shared understanding of what skill(s) the faculty member is trying to address).

These results highlight important process and contextual issues. All stakeholders indicated that feedback for faculty should not be burdensome. PDs emphasized the need for buy-in from both residents and faculty and for a culture that promotes multidirectional feedback as a part of continuous improvement. In addition, while the theme of anonymity was salient for residents, few faculty members mentioned this as important. Of particular note is the seemingly contradictory finding that residents preferred in-person feedback, yet they also expressed the need for anonymity. This reflects an important tension in the way residents perceive feedback, and while open, bidirectional feedback may be a program's goal, it may be important for programs to be sensitive to the realities of their program context and recognize that their program's culture may not yet support open feedback (eg, a culture where bidirectional feedback is welcomed and there is no fear of retribution). This is consistent with previous findings[10] and may also reflect the cultural challenges of graduate medical education noted by Ramani[11] and Watling.[2]

This research is not without limitations. Participating programs were self-selected members of a pilot study to implement a mobile faculty feedback system; additionally, while they represent a mix of university- and community-based programs and regional variation, all are FM programs, which may limit transferability of themes.

PDs, faculty, and residents share a desire to provide faculty with meaningful, specific, real-time feedback. Programs should strive to provide a culture in which feedback is an integral part of the learning process for both residents and faculty. Next steps include piloting a mobile feedback tool to facilitate point-of-observation feedback from residents to faculty, incorporating the principles identified in this study.

CONFLICT OF INTEREST STATEMENT: Cristen Page, a coinvestigator on this study, serves as chief executive officer of Mission3, the educational nonprofit organization that has licensed from UNC the tool, the F3App, which was evaluated in this study. If the technology or approach is successful in the future, Dr Page and UNC Chapel Hill may receive financial benefits.

CORRESPONDING AUTHOR: Address correspondence to Dr Linda Myerholtz, 590 Manning Drive CB# 7595, Chapel Hill, NC 27599-7595. 919-962-4764. Fax: 919-843-3418. Linda_Myerholtz@med.unc.edu.

References

1. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (Residency) Section I-V. http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf. Accessed April 10, 2019.
2. Watling C, Driessen E, van der Vleuten CPM, Vanstone M, Lingard L. Beyond individualism: professional culture and its influence on feedback. Med Educ. 2013;47(6):585-594.
3. Harris DL, Krause KC, Parish DC, Smith MU. Academic competencies for medical faculty. Fam Med. 2007;39(5):343-350.
4. Srinivasan M, Li STT, Meyers FJ, et al. "Teaching as a competency": competencies for medical educators. Acad Med. 2011;86(10):1211-1220.
5. Colletti JE, Flottemesch TJ, O'Connell TA, Ankel FK, Asplin BR. Developing a standardized faculty evaluation in an emergency medicine residency. J Emerg Med. 2010;39(5):662-668.
6. Accreditation Council for Graduate Medical Education. Milestones. https://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview. Published 2018. Accessed April 10, 2019.
7. Association of American Medical Colleges. The Core Entrustable Professional Activities (EPAs) for Entering Residency. https://www.aamc.org/initiatives/coreepas/. Published 2018. Accessed April 10, 2019.
8. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.
9. Ende J. Feedback in clinical medical education. JAMA. 1983;250(6):777-781.
10. Afonso NM, Cardozo LJ, Mascarenhas OA, Aranha AN, Shah C. Are anonymous evaluations a better assessment of faculty teaching performance? A comparative analysis of open and anonymous evaluation processes. Fam Med. 2005;37(1):43-47.
11. Ramani S, Könings KD, Mann KV, Pisarski EE, van der Vleuten CPM. About politeness, face, and feedback: exploring resident and faculty perceptions of how institutional feedback culture influences feedback practices. Acad Med. 2018;93(9):1348-1358.