

# Family Medicine

THE OFFICIAL JOURNAL OF THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

## Appendix Table A: Themes

<b>Theme 1: Residents Value the Narrative Portion of Assessments</b>	
Process: What did residents view first?	
10 read comments first 4 read numbers first	
	[Scrolling to the bottom of the evaluation] “So, interesting, there's no comments in this one. So, usually, I kind of look for the comments.”
	“I usually look for any of the comments that the faculty have written for me on things that I am doing well, things that I could be possibly doing better.”
	“So, the first thing I actually look at is when they put a comment.”
Focus: What did residents view was most important?	
12 viewed comments as most important 1 viewed the numbers as most important 1 viewed numbers and comments as a whole most important	
	“The numbers are nice to see if they're pretty good. But I feel like the written stuff is a little more useful for applying, especially if it's direct things that I could work on and improve.”
	“As far as, like, specific feedback or understanding the thoughts of the attending, the comments are most useful in that.”
	“I think sometimes when, you know, attendings leave comments, it's always good because they're a little bit more specific rather than just the numbers.”
Value: What did residents find value with?	
	“So, I think when someone leaves something written about you, it's a little bit more easier to sort of like, I guess if someone says she needs to be more confident, and you're like, oh okay, I need to be more confident.”

	<p>“I usually look forward to any of the comments that the faculty have written for me on things that I am doing well, things that I could be possibly doing better.”</p>
	<p>“If there's some kind of specific event that the preceptors remember where they specifically have feedback to improve, that tells me more than a number.”</p>
	<p>“The most helpful component of an evaluation is something that I actually get to improve on.”</p>
<p><b>Theme 2: Performance Reflection and Reactions Aare Part of the Feedback Process</b></p>	
Reflection	<p>“I try to remember the things that I did, things I worked on to see if it’s going to be reflected. So, I do a self-evaluation.”</p>
	<p>“I hope that I did a good job, and I hope that all of the hard work that I've done is reflected in the evaluation.”</p>
	<p>“Before going through it, I'm wondering. Okay. Kind of just self evaluating and wondering.”</p>
	<p>“Usually, curiosity honestly. I have an idea in my head of how I did during a rotation, and I wonder if the attending is thinking the same things.”</p>
Reactions	<p>“A little bit of nervousness too. You get a little bit anxious because obviously you're being evaluated by your [faculty].”</p>
	<p>“I mean, I guess there's a moment of anxiety just in case I did poorly.”</p>
	<p>“I think fear because, I guess sometimes you think you expect an evaluation to go one way and then, you know, it doesn't so that sort of unknown is kind of really scary.”</p>
<p><b>Theme 3: Formal Assessments Do Not Provide Actionable Feedback.</b></p>	
Delayed feedback	<p>“When the rotation is already over and I won't have another rotation at the end of next year, then there's no value to the evaluation.”</p>
	<p>“I guess what is difficult is you get the evaluation at the end of the rotation.”</p>
	<p>“It would help to have the feedback given in a much more timely fashion”</p>

Resident recall bias	“If we get them later, it's hard to remember everything. When we're on to the next rotation and trying to remember something else, the timing needs to be better.”
	“I might not even remember who the evaluator is. I might not remember what the rotation was. I might not remember anything about it.”
Faculty recall bias	“I'm guessing attendings may have a lot more evaluations than we have so they have to complete a whole bunch of them.”
	“So, although most of the attendings are good about doing those at the end of each block, sometimes they are still the delayed and, uh, I feel like when I get them at the end of the rotation immediately, I have better understanding of what they're talking about if there is a negative comment or some kind of comment in general, I would understand what they are basing it on.”
	“On inpatient, we work with many different attendings, so if we have an evaluation of somebody we worked with, and it was just 1 or 2 days, you know, a month after we're done, and it's hard to remember those little aspects.”
Variability in assessors	“I would say in terms of the [numerical portion], like, it varies between preceptors so different preceptors use it differently. It helps me less.
	“Especially like the hospitalists when they're not really familiar with our residency program.”
Survey straight-lining	“If I see somebody gave me straight threes all the way down, I know they didn't take time.”
	“I know for without a doubt they just picked satisfactory and just moved on.”
	“I almost ignore those because it just doesn't give me any feedback and gives me no knowledge.”