

Enhancing Preceptor Performance Through Resident Assessment - Fostering A Focussed Dialogue on Faculty Performance

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Introduction

How can faculty improve their individual skills as preceptors, advisors and teachers? What kinds of processes make a difference for individuals charged with the responsibilities of being a resident supervisor?

This paper discusses faculty survey results of a review of the Preceptor Assessment Process that has been part of a faculty review program at the Department of Family Medicine at the University of Alberta. We will focus on enhancements to the display of information to make the information more usable by faculty members.

Background

In 1989/90, the Department of Family Medicine at the University of Alberta developed a 29 item rating scale to assess teaching and supervisory skills of family medicine faculty. Attached to the assessment form is a separate page for open-ended comments. Each resident completes the form after his/her family medicine block rotation in one of the four family medicine clinical teaching sites. Prior to 1992/93, little use was made of preceptor assessment forms. Residents completed them and they were filed in each faculty member's teaching file. An informal survey of faculty members indicated that although they had access to these feedback sheets, they did not actually review them, at least in any systematic manner.

In 1992/93, the Chair of Family Medicine implemented a quarterly review process of faculty members that included a discussion of the preceptor assessment form. Together, the preceptor assessment form and the quarterly review constitute the Preceptor Assessment Process.

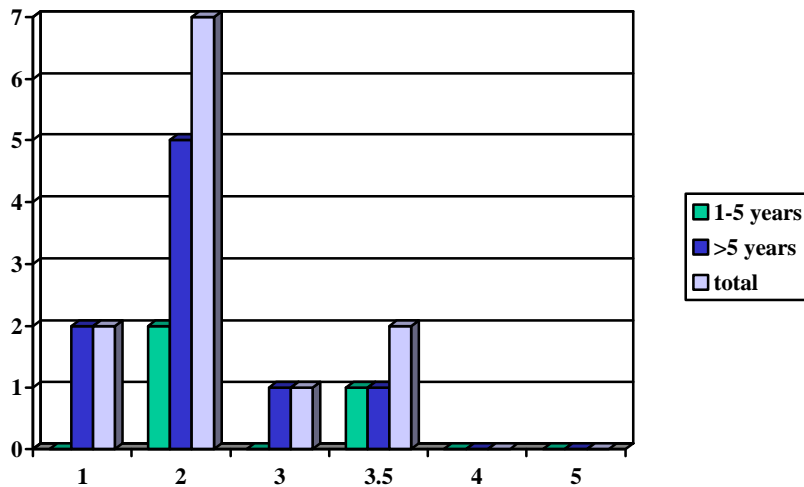
At this quarterly review, preceptors are shown the current preceptor assessment forms that had been completed by their residents. They would scan the ratings on the form and discussion would occur. There was no comparison to other quarters nor was there any comparison to other preceptors or to the norm.

Process

A ten item questionnaire including questions on the overall preceptor assessment process and separate questions on the preceptor assessment form and the quarterly review process was sent to faculty preceptors. Twelve of 16 eligible faculty responded to the questionnaire: three with between 1- 5 years experience in the department and nine with greater than five years experience.

Findings

Overhead 1 How useful are the preceptor assessment forms?



The majority of faculty found the preceptor assessment forms to be a useful tool. Physicians with more than five years experience tended to find the preceptor assessment forms more useful than those with less experience in the Department.

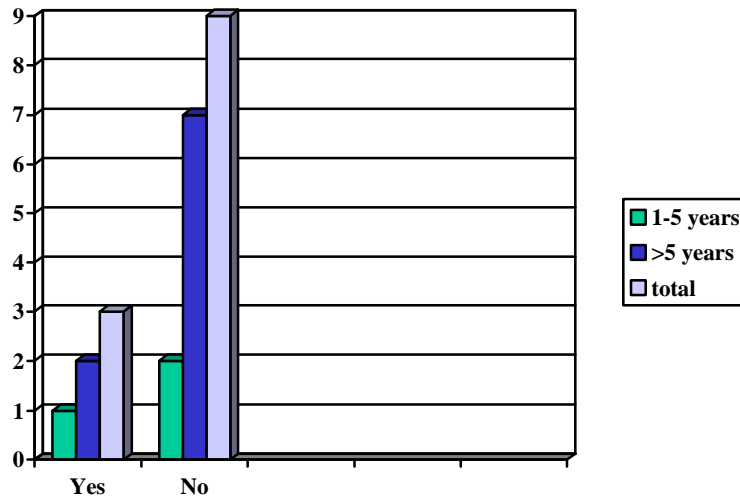
Overhead 2

Anonymous feedback from residents is useful in faculty evaluation. Please note that one evaluation by itself is not meaningful, however the aggregate data over time and many residents is valid and reliable.

Faculty member comment

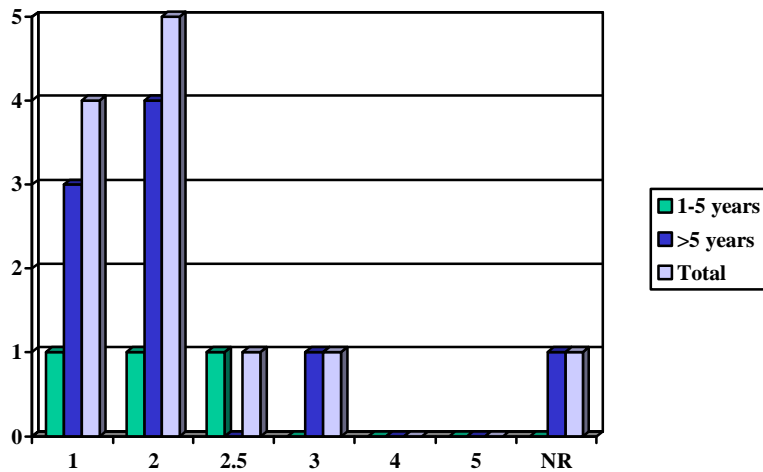
Individual responses varied, however, preceptors generally reported that the forms were a useful source of feedback from residents. The information provides an indication of the preceptors' strengths and weaknesses and allows them to judge the rapport and opportunities they have with residents.

Overhead 3 Do you review the forms independent of the quarterly review?



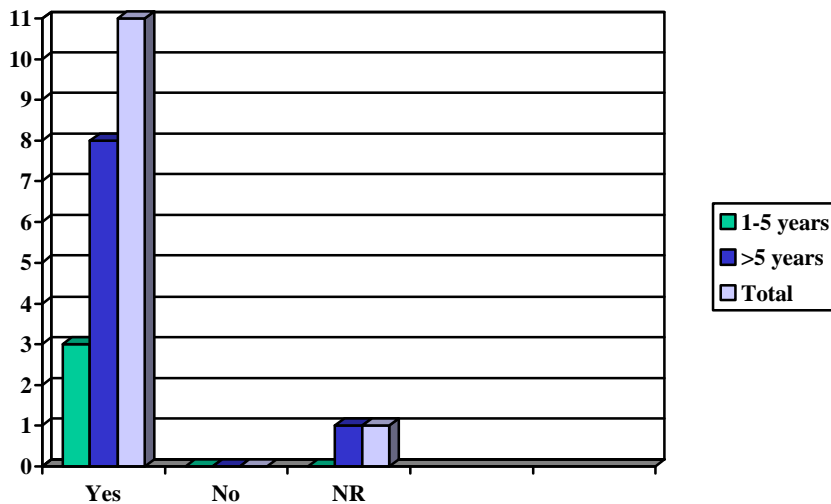
75% of the faculty indicated that they did not review the forms independent of the quarterly review.

Overhead 4 How useful to you is the quarterly review?



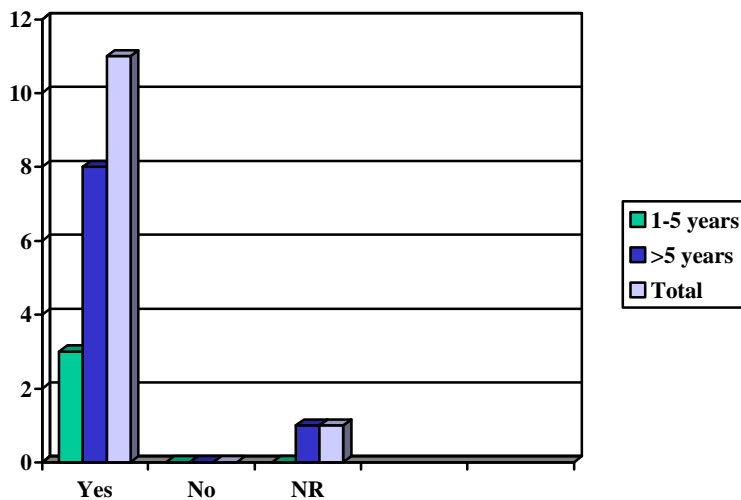
The majority of preceptors (83.3%) found the quarterly review with the Department Chair to be useful or very useful to them. The quarterly review is one of the only opportunities preceptors have to meet with the Department Chair, review the preceptor assessment forms and to discuss issues and career plans. Preceptors indicated that the quarterly review discussion helped them to prioritize faculty development, teaching and clinical activities.

Overhead 5 Does the Chair of Family Medicine Review the results of the residents' assessments with you?



Preceptors were asked if the Chair reviewed the results of the forms with them. 91.7% of the faculty indicated that he did. The one 'no response' can be attributed to the Chair himself, who indicated that it would be useful to have someone review his results with him, just as he did for his faculty.

Overhead 6 Does the Chair compare current information with previous assessments?



Faculty were asked if the Chair compared current information with previous quarter's information. 91.7% of the respondents indicated that this occurred. There was one 'no response'.

Faculty were asked “Do you have any comments on how the Preceptor Assessment Process (which includes the residents’ completing a 29 question rating form, and providing written comments on the preceptor, as well as discussing these ratings in the quarterly review) be made more useful to you as a preceptor?” Preceptors found the process to be useful in general. No preceptors recommended discontinuing the preceptor assessment process or any particular component of the process.

There were, however, several recommendations to strengthen the process. These included:

Overhead 7 & 8

- Formatting that would allow residents to make specific suggestions after each question. (This deals specifically with questions that can be ambiguous)
- Stating the questions more clearly, and/or encouraging residents to read the wording of questions more carefully. (This deals with the five questions that have “reverse” scoring in comparison to the other questions.)
- Psychometrically analysing the 29 questions to see if several questions could be collapsed into one.
- More effectively displaying the assessment data for review. For example, providing a bar graph of individual scores compared to a bar graph of the total faculty performance. Some respondents believed that comparing peers anonymously would be a powerful motivator.

Response

Based on the survey of faculty we are recommending to the new Chair of Family Medicine that the Preceptor Assessment Process continue, with certain modifications. We are in the process of making two major sets of changes to the Preceptor Assessment Process:

1. Immediate changes to the Preceptor Assessment Form to remove ambiguous questions and to resolve the issue of ‘reversed scoring’ questions. (Additional research is being undertaken to identify or affirm the preceptor characteristics important to family medicine residents and to redevelop the form in line with these characteristics.)
2. Changes to the timing and visual presentation of the data from the Preceptor Assessment Form.

As indicated previously, we are focussing on the second set of changes today.

Changes to the Timing of Data

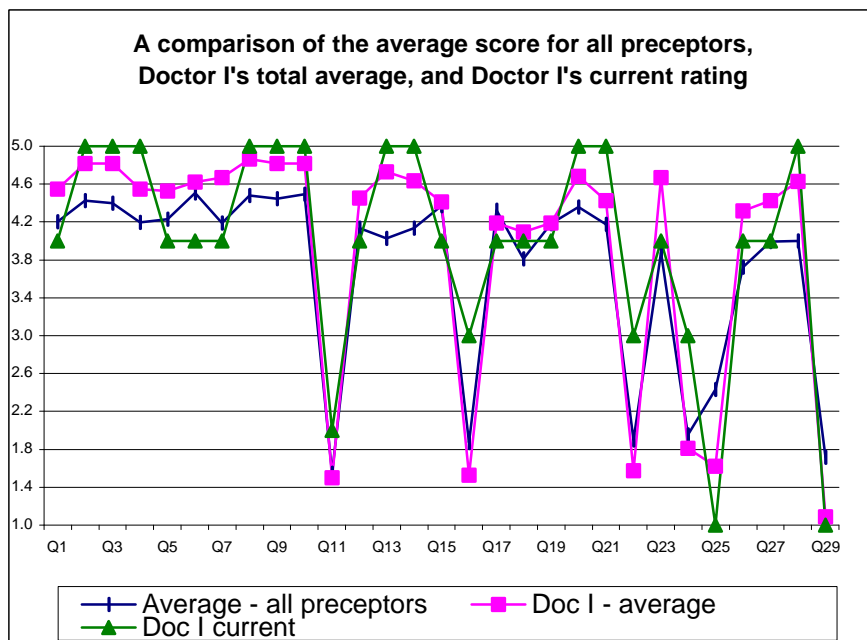
In order to allow the physicians time to reflect on the findings, the data will be provided to the preceptor prior to their meeting with the Chair. At this time, we are recommending the preceptor assessment form data be given out a week before the quarterly review.

Changes to the Visual Presentation

We understand that preceptors want the ability to not only see how they are doing themselves, but to be able to compare themselves to the group of preceptors. In order to do so, we are recommending the following:

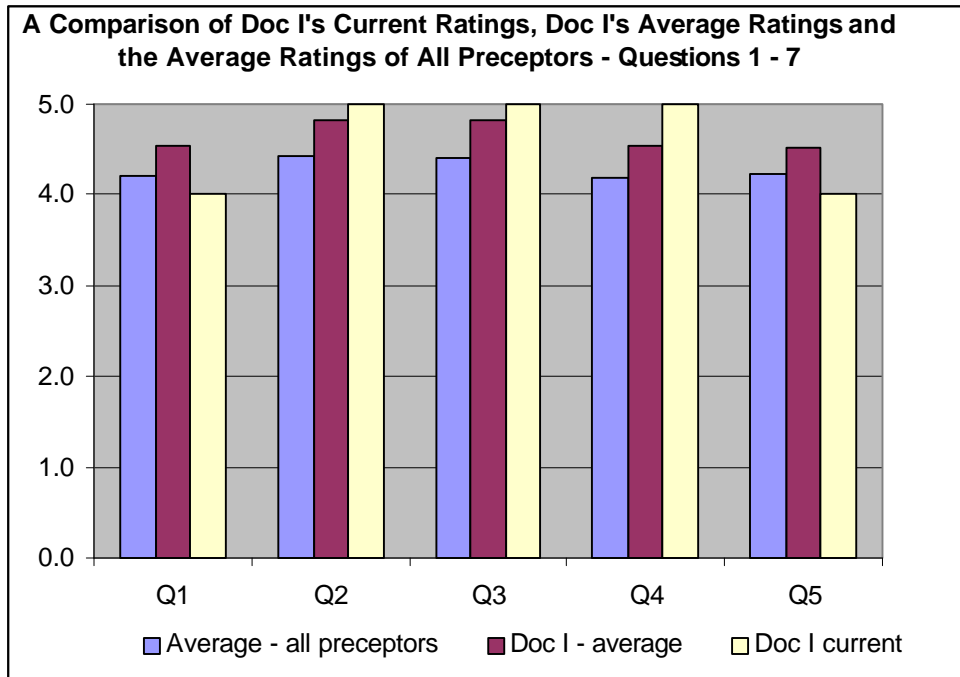
1. A comparison of the current data (usually one resident's assessment) to the preceptor's past aggregate data, by question or by preceptor dimension.
2. A comparison of the preceptor's data to the overall data for all preceptors. Again this would be shown by question or by preceptor dimension.

These may be combined in one chart as shown here in Overhead 9.



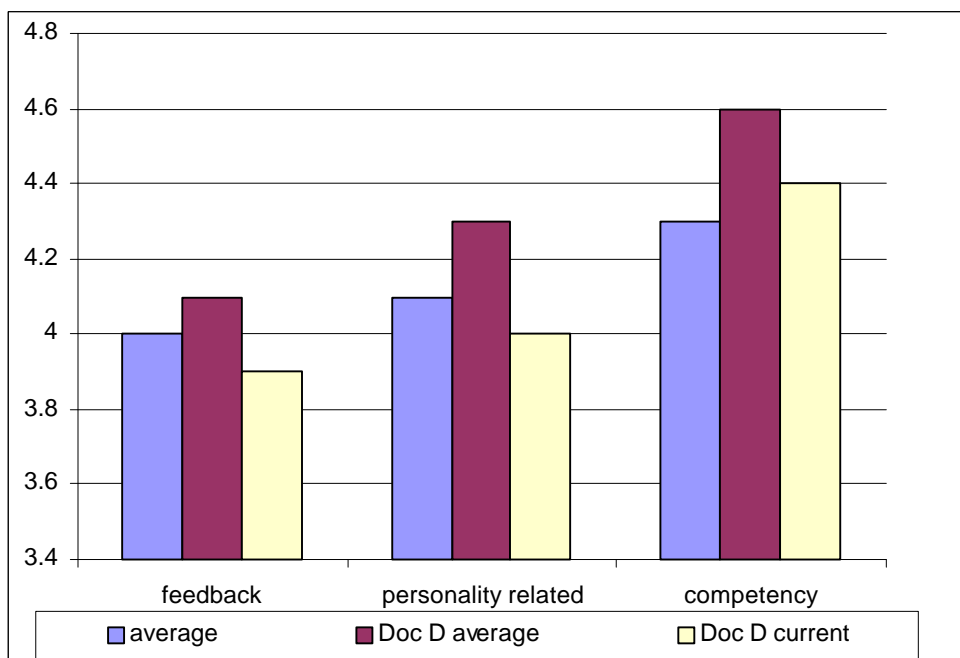
The following overhead shows the same information using a bar graph, which some preceptors have said they find easier to read. This shows the information for only five questions, but it indicates to you that for each question we can show the preceptor's current rating, the preceptor's average ratings, and the ratings for all preceptors in various formats in order to facilitate discussion.

Overhead 10



The next overhead shows the kind of reporting our faculty would like to receive, where the 29 questions might be grouped into 3 main categories.

Overhead 11



Our psychometrician warns us however, that our data doesn't support clustering of questions. This is in keeping with the findings from other studies that have been done on this subject. Our future research will in part examine the feasibility of developing questions that do in fact support separate preceptor attributes.

Conclusion

Fostering dialogues within a department of family medicine specific to roles as preceptors, supervisors and teachers is a worthwhile enterprise. It facilitates levels of understanding as to the strengths and weaknesses of individual faculty members and identifies key faculty development themes and internal leaders in enhancing such skills. The faculty in the Department of Family Medicine find this process important to their continuing contribution to preceptorship, supervision and teaching.

Quaecum vera
(Whatever things be true)

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