

Evaluating Residents' Self-Assessment Skills through Triangulation with Faculty and Patient Feedback

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Overview

- Our program
- Why self-assessment?
- Our study:
 - Methods
 - Results
- So what?



P4 at LVHN FM

Focus: Develop Activated Learners of Generalism who will Lead Change

Changes:

- Adult learning
- Individualized curriculum
- PGY1--- ambulatory intervals
- Multiple Continuity Care Sites

Requires improved Self Assessment (among other things!)



Making Sense of Feedback and Performance



Self assessment

Faculty Assessment

Patient Assessment

Resident driven

Advisor supported

Transparency of Data

Recalibrated Self Assessment

A case study that demonstrates how

supporting learners in triangulation of feedback ...

...might improve accuracy of self-assessment

Methods

- Retrospective, mixed-methods case study
- Data sources
 - Educational SOAP notes **“SELF”**
 - Preceptor evaluations of residents **“FACULTY”**
 - Validated patient surveys **“PATIENT”**
- Unit of analysis: resident-semester
 - 34 unique residents
 - Mix of interns, PGY2s, PGY3s

Population of Interest:
Residents enrolled
Fall 2009-Spring 2012

126 Resident-Semesters
(34 unique residents)

**“FACULTY”
 scores**

126 Resident-Semesters
(0 excluded)

(7,921 RCC assessment scores)

PGY1 Fall: 18 Resident-Semesters

PGY1 Spring: 23 Resident-Semesters

PGY2 Fall: 19 Resident-Semesters

PGY2 Spring: 25 Resident-Semesters

PGY3 Fall: 19 Resident-Semesters

PGY3 Spring: 22 Resident-Semesters

**“PATIENT”
 scores**

47 Resident-Semesters
(79 excluded)

(102 PEI/CARE data sets)

PGY1 Fall: 7 Resident-Semesters

PGY1 Spring: 10 Resident-Semesters

PGY2 Fall: 7 Resident-Semesters

PGY2 Spring: 8 Resident-Semesters

PGY3 Fall: 6 Resident-Semesters

PGY3 Spring: 9 Resident-Semesters

“SELF” scores

40 Resident-Semesters
(7 excluded)

(108 RCC scores from SOAP notes)

PGY1 Fall: 5 Resident-Semesters

PGY1 Spring: 8 Resident-Semesters

PGY2 Fall: 5 Resident-Semesters

PGY2 Spring: 7 Resident-Semesters
PGY3 Fall: 6 Resident-Semesters

PGY3 Spring: 9 Resident-Semesters

Data Set for analysis:

40 Resident-Semesters

PGY1: 13 sets

PGY2: 12 sets

PGY3: 15 sets

(19 unique residents)

Analysis of Data Set

- Operationalized “Patient” score along Dreyfus scale
- Triangulated 3 scores side-by-side
- Frequency of agreement vs. disagreement between evaluation sources

Results

■ Concordant scores by PGY

- PGY1: 23.1%
- PGY2: 33.3%
- PGY3: **60.0%**



■ Discordant scores by PGY

- PGY1: **76.9%**
- PGY2: 66.7%
- PGY3: 40.0%



Results

- “Discordant” cases: A closer look
 - No agreement among scores – 63%
 - PATIENT score – 29%
 - SELF score – 8%
 - FACULTY score alone never the cause


Results

- Of those No Agreement scores, 67% of the time the Resident score was the one that fell between the other 2 scores
- All other instances (33%) saw Faculty Score in middle
- Patient Score never fell between other two

Summary of Findings

- Increased concordance among PGY3s
- Faculty not a source of discordance
- Residents often self-assess between widely discordant scores

So What?

- Current state of the literature
- We add:
 - A small cohort of learners
 - Specified process for triangulation 
 - Improved self-assessment outcomes
 - With methods that need improvement in future study

How to improve self-assessment

- Advising



- RAFT



Future Study

- Mixed-methods with correlation analysis
 - Larger sample size
 - Better sampling process
- Clinical markers of quality care
- Entrustable professional activities (EPAs)
- Characteristics of learning environments that best support self-assessment learning

Questions?

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Thank you for joining us!

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Osteopathic Family Medicine Residency Acting Director
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- **Susan Hansen, MA**
Coordinator, Program Evaluation
- **Julie Dostal, MD**
Program Director/Vice Chair
Family Medicine Residency Program

Breakdown: (DELETE)

- Intro to us/Background/context- Julie (3.5 min total)
- Location description/assessment methods- Julie
-
- Methods/ Results- Susan (3 min)
-
- Discussion/conclusion- Drew (3 min)
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