

A Comprehensive, Multifaceted Quality Improvement Approach to Improving Resident Evaluation Completion Rates

Parth Agrawal MD, Anoop Agrawal MD, Molly Horstman MD MS, Jonathan Lim MD

Background

- ✓ Formal trainee assessment is important but *time consuming*.
- ✓ Literature is unclear on what best increase response rates.
- ✓ Site and practice diversity adds unique challenges and complexity.
- ✓ Higher quality and quantity of feedback delivered in an effective way has the potential to improve learning for our trainees.
- ✓ At baseline: there were 343 faculty with a total of 1536 incomplete evaluations. Of a total of 577 faculty who were sent evaluations, 59% had incomplete evaluations.

Objectives

Improve faculty completion of evaluations for a goal of 30% or lower of faculty with incomplete evaluations by the end of the 2022-2023 academic year.

Methods

Applied QI analysis with fishbone diagram to determine areas for intervention with project team and residency program leaders. Including some of the following:

- Evaluation Timing
- Concise Evaluation Forms
- Evaluation Reminder Frequency
- Faculty Education

Mapped interventions to CIFR constructs to ground design choices based on implementation science:

- Compatibility with workflows: often faculty may forget evaluations with infrequent notification mechanisms
- Incentive system: lack of disincentives for incomplete evaluations

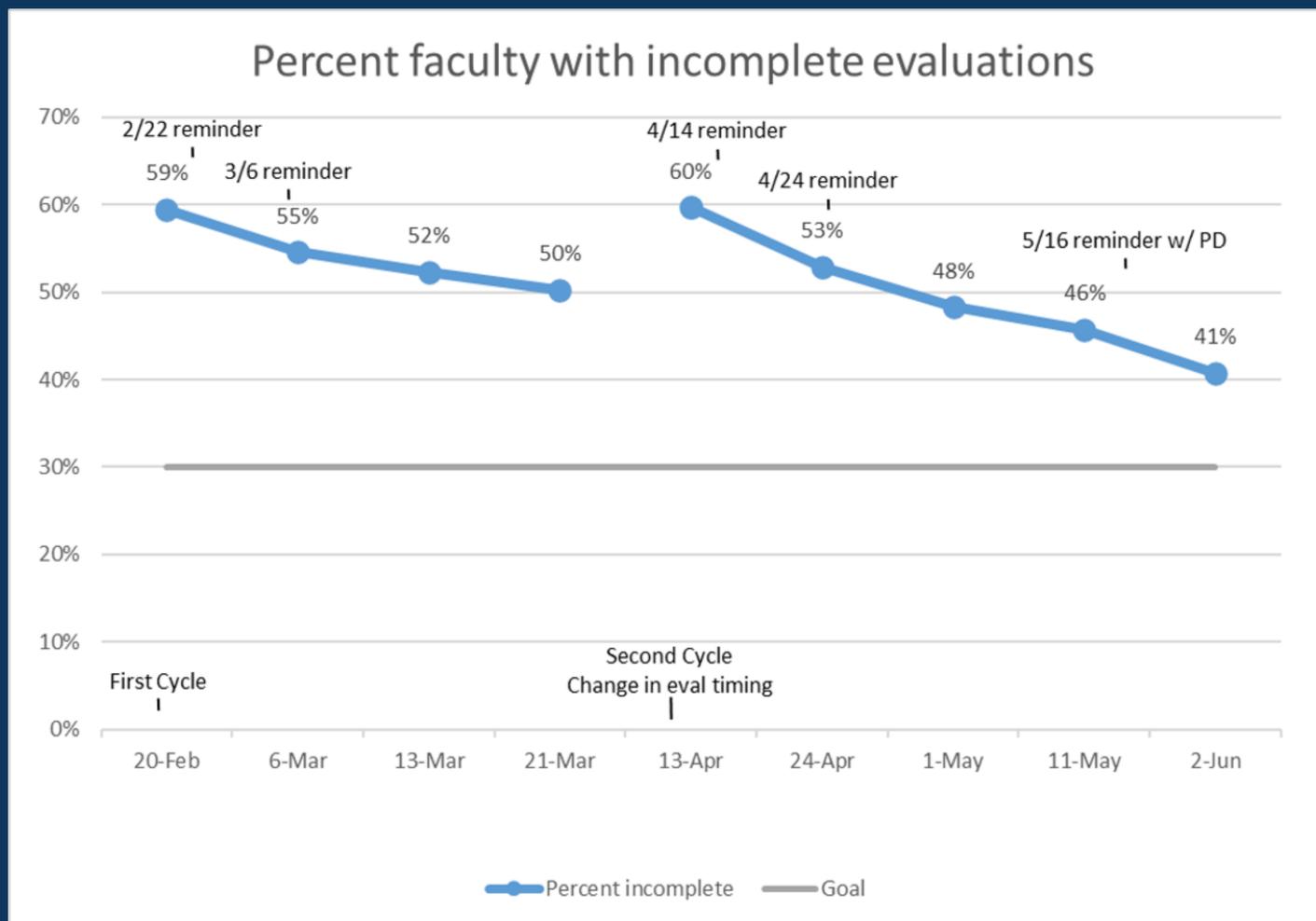
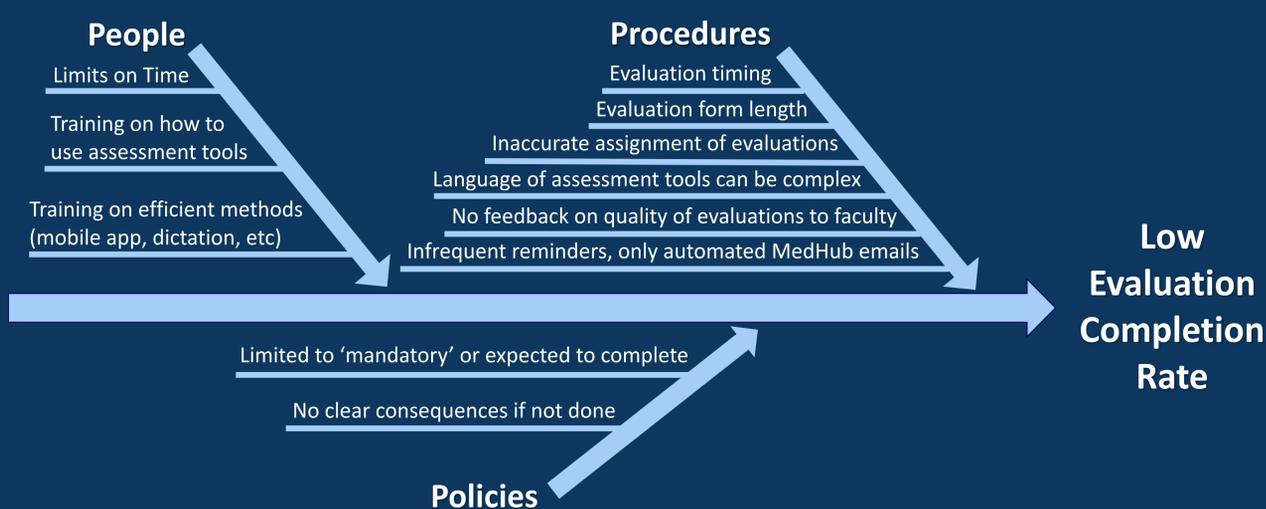
Selected direct reminders and faculty educator development over 2 PDSA cycles to increase faculty engagement:

1. Before Cycle 1: revised evaluation forms, changed automated reminder
2. During Cycle 1: 2 direct message reminders sent
3. Before Cycle 2: also changed timing of evaluation to start of week 4
4. During Cycle 2: 3 direct messages sent with the third that notified the program director as a disincentive

Used MedHub to generate reports on the number of evaluations sent and the number of incomplete evaluations during these cycles.

Application of QI methodology improved workplace-based assessment completion with implementation of direct reminders and faculty development on efficient completion

Fishbone Diagram Analysis:



Results

During the first PDSA cycle, we measured how many faculty had incomplete evaluations between 8/29/2022-1/29/2023. There were 343 faculty in total who had 1536 incomplete evaluations. Of these, 18 faculty had 15 or more evaluations; 43 faculty had 10 or more evaluations, and 300 faculty had 9 or fewer evaluations. Of the group with 15 or more evaluations, they accounted for 23% (643/1536) of all incomplete evaluations. By the end of the PDSA cycle, 290 faculty still had incomplete evaluations, a 15.5% change; there were 1366 remaining incomplete evaluations, a 11.1% change.

During the second PDSA cycle we increased the number of reminders. During the time period of 1/30/2023-3/26/2023, 23.4% completed their evaluations (256 to 196). There was a 22.1% change in the number of evaluations completed (795 to 519).

- Cycle 1: 15.5% reduction in faculty with incomplete evaluations; 11.1% reduction in total number of incomplete evaluations
- Cycle 2: 23.4% reduction in faculty with incomplete evaluations; 22.1% reduction in total number of incomplete evaluations

Conclusions

Using QI principles, we were able to improve response rates and feedback provided to residents. Factors that lead to low evaluation complete rates are complex. Improvements were modest during our first two cycles and further PDSA cycles with additional interventions are required to further improve response rates.

Future Directions

- ✓ Continue to re-evaluate the problem of low evaluation completion rates to redesign ongoing interventions
- ✓ Continue to use CIFR constructs to design interventions for outcomes
- ✓ Use PDSA cycles to continue to evaluate interventions for outcomes
- ✓ Consider balancing measures such as quality metrics of completed evaluations, faculty perspectives, and learner perspectives

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