An Approach to Evaluation and Feedback Designed to Improve Performance

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HMS Academy Workshop
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Disclosure Statement:

Just like you, I get no money for being here. Thus, I have no financial relations to disclose.

I will not discuss any off-label use of any drugs or devices.
Agenda:
Definitions
Self-Evaluation: Unskilled and Unaware
Creating the Foundation:
    Goal Orientation – yours and theirs
A Learning Orientation helps with negative feedback
Tensions in the feedback process
Advanced Feedback topics

Can Feedback Help?
Evaluation
Rater ‘Learning orientation’ allows you to see improvement
The Good Samaritan experiment and the FAE
Does feedback to residents hurt your teaching scores?
Evaluation & Feedback

A judgment
(BORM, ABA, ACGME, the Public)

Information delivered with the sole aim of adjusting (improving) performance
How good are we at self-assessing (i.e. providing ourselves with accurate self-assessment)?

A) Excellent, we are on target most of the time
B) Very good, we are often on target
C) Fine, but we have some room for improvement
D) Not very good, we need external assessment
E) I’m not sure
Self Evaluation…

Correlations between student’s final assessments and the ratings by faculty and residents were generally weak.

There was a much stronger correlation with the student’s self-assessment and how hard they had worked. In other words, they wanted an “A for Effort”.

Who needs feedback? Isn’t Self Evaluation enough?

Accuracy of Physician Self-assessment Compared With Observed Measures of Competence
A Systematic Review JAMA 296 1094 (2006)

Their analysis suggests a poor relationship between physician self-ratings of performance and the ratings provided by external raters. Even more worrisome is the finding that this inaccuracy may be worse for the least competent physicians who overestimate their competence. Such an error could lead to a failure to change ideas or practices and could sustain an unwarranted sense of competence.
Self Evaluation: Unskilled & Unaware


ORIGINAL RESEARCH

Self-assessment or self deception? A lack of association between nursing students’ self-assessment and performance

Pamela Baxter & Geoff Norman
How well do we do with giving negative feedback?

“Bad news” = Anything NOT positive

How do YOU feel about giving negative feedback?

A) Fine, this is a rewarding part of teaching
B) Ok, it is fine
C) Not too good, it’s unpleasant but I have to do it
D) Lousy, it’s unpleasant and I often avoid this
E) Terrible, giving negative feedback is just awful
The “Mum Effect”

“Bad news” = Anything NOT positive

“a pervasive bias on the part of the communicator to transmit messages that are pleasant for the recipient and to avoid transmitting those that are unpleasant”

“persons with troubles or difficulties may be further disadvantaged by being insulated from full information concerning their problem.”

We are ALL Challenged from time to time:

- Poor Evaluation
- Drug Error
- Missed the A-line
- Couldn't intubate
- OPPE or FPPE
- Stuck the Carotid
- MOCA
- Negative Feedback

What do you do when it happens to YOU?
It all depends on your “Goal Orientation”: What is your goal when you meet a Challenge?
Learning Goal Orientation

The active striving toward development and growth in competence

**Attributes of having a Learning Goal:**

If encounter difficulty or negative feedback

Then strive-persist-change strategy until success.

- Enjoys and wants to learn from a challenge
- Success is defined by improvement and learning
- Focuses on *effort* and strategy
- About 40% of folks tend toward this end of the spectrum

(a.k.a. incrementalism, mastery-orientation)
Learning Goal Orientation

The active striving toward development and growth in competence.

Attributes of having a Learning Goal:
- If encounter failure or difficulty or negative feedback
  Then find out how to strive-persist-improve until success.
- Enjoys and wants to learn from a challenge
- Success is defined by improvement and learning
- Focuses on effort and strategy
- About 40% of folks tend toward this end of the spectrum

(a.k.a. incrementalism, mastery-orientation)
Performance Goal Orientation

Seeking to validate one’s ability, gain favorable judgments of one’s attributes and avoid negative judgments of one’s self

Attributes of having a Performance Goal:

- **If** encounter difficulty or negative feedback
- **Then avoid situation/avoid challenge/assume can’t do it/drop expectations/lower persistence and effort

- Focuses on ability as cause of success and failure.
- Assumes low **ability** if a task needs hard work for success.
- About 40% of folks tend toward this end of the spectrum

(a.k.a. “entity” theorist, ability-focused goals)
Performance Goal Orientation

Seeking to validate one’s ability, gain favorable judgments of one’s attributes and avoid negative judgments of self.

Attributes of having a Performance Goal:

If encounter failure or difficulty or negative feedback
Then avoid situation/avoid challenge/assume I can’t do it/drops expectations/lowers persistence and effort

- Focuses on ability as cause of success and failure.
- Assumes low ability if a task needs hard work for success.
- About 40% of folks tend toward this end of the spectrum (a.k.a. “entity” theorist, ability-focused goals)

Judgements of a fixed ability
Learning and Performance Orientations are essentially *independent* tendencies.
Two Examples:
A Student’s Response to Failure/Setback Depends on their Goal Orientation

All Students were given **Negative** Feedback (did poorly on a science test)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Intrinsic Motivation</th>
<th>Time and Effort</th>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>+.39 ***</td>
<td>+.40 ***</td>
<td>+.57 ***</td>
</tr>
<tr>
<td>Performance</td>
<td>-.40 ***</td>
<td>-.32 ***</td>
<td></td>
</tr>
</tbody>
</table>

*Note. Values are standardized regression coefficients.
**p < .01. ***p < .001.*
How do residents view feedback if they have a performance orientation as compared to a learning orientation?

A. With a performance orientation they seek feedback to enhance their performance.
B. With a performance orientation they view feedback as ‘costly’ with few benefits.
C. With a performance orientation they view feedback as ‘costly’ but there are many benefits.
D. With a performance orientation they view feedback as unnecessary.
Residents find feedback more risky or ‘costly’ if they have a performance goal orientation.

Acad Med 84, 910 (2009)
To what extent do you believe that a person’s goal orientation can be **manipulated** to increase the learners acceptance of a tutorial aimed at improving their performance after an initial poor performance?

A. None, this is all hogwash
B. A little, but people are basically fixed in their ways
C. A fair amount but it’s really hard to do
D. A fair amount and it’s fairly easy to do
E. A tremendous amount, people are very malleable
Study #1

A **Learning Orientation** can be acutely increased. This can increase a student’s willingness to accept help after they suffer a performance setback.

**Background:**
College students, RANDOMIZED, “Baseline reading check = Sci Am IQ article”, Tough IQ test
Cause and Effect: A Randomized Study
Goal Orientation & Response to a Setback

BASELINE Reading Test
Prime IQ L or IQ P

Cause and Effect: Goal Orientation and Response to a Setback

IQ Test Difficult

S, 66\textsuperscript{th}%

U, 20\textsuperscript{th}%

Who Wants a tutorial that leads to Improvement?

Cause and Effect:
Goal Orientation and Response to a Setback

Students primed to a Learning Goal Orientation have a functional approach to a setback

Performance Info

IQ Test
Difficult

S, 66th%

U, 20th%

Cause and Effect: Goal Orientation and Response to a Setback

IQ Test Difficult

Performance Info

S, 66th%

U, 20th%

Who Wants a tutorial that leads to Improvement?

Cause and Effect: Goal Orientation and Response to a Setback

Students primed to a Performance Goal Orientation have dysfunctional avoidance after a setback.

A Learning Orientation makes people more willing to try and improve after a setback.
Defensiveness:

Faced with the choice between changing one's mind and proving that there is no need to do so, almost everyone gets busy on the proof.

- John Kenneth Galbraith
A **Learning Orientation** can reduce *defensiveness* to feedback.

**Background:**
College students, “Speed reading assessment”, RANDOMIZED, first a “baseline reading check”, speed reading test (tough)
1. Speed Read: difficult text
2. ALL told score was at 37th % (setback)

* Induce either a L or P Orientation

College Students:

Randomize
Reading Test
Prime* IQ L or IQ P
Test Scores of 8 Exemplar People are given:
Subjects get to see the Strategy of any 3 Exemplars

Exemplars

- 1 – 98th% (top, best)
- 2 – 86th%
- 3 – 74th%
- 4 – 62th%
- 5 – 50th%
- 6 – 38th%
- 7 – 26th%
- 8 – 14th% (bottom)

Which 3 Strategies Did they Choose?
Test Scores of 8 Exemplar People are given:
Subjects get to see the **Strategy** of any 3 Exemplars

<table>
<thead>
<tr>
<th>Exemplars</th>
<th>Scores</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>98&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;98&lt;sup&gt;th&lt;/sup&gt;%</td>
</tr>
<tr>
<td>2</td>
<td>86&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;86&lt;sup&gt;th&lt;/sup&gt;%</td>
</tr>
<tr>
<td>3</td>
<td>74&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;74&lt;sup&gt;th&lt;/sup&gt;%</td>
</tr>
<tr>
<td>4</td>
<td>62&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;62&lt;sup&gt;th&lt;/sup&gt;%</td>
</tr>
<tr>
<td>5</td>
<td>50&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;50&lt;sup&gt;th&lt;/sup&gt;%</td>
</tr>
<tr>
<td>6</td>
<td>38&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;38&lt;sup&gt;th&lt;/sup&gt;%</td>
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Test Scores of 8 Exemplar People are given:
Subjects Get to See the Strategy of any 3 Exemplars

Exemplars
1 – 98th%
2 – 86th%
3 – 74th%
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5 – 50th%
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7 – 26th%
8 – 14th%

Goal Orientations are **Malleable** and Influence Your Response to a Setback

Two sides of the deal

The **attending** wants their feedback to be heard and taken to heart.

The **learner** desires feedback so they can know what, and how, to improve.

Approaching feedback with a **learning orientation** makes **BOTH** transactions much smoother.
A **Learning Orientation** is critical for tolerating “negative feedback” and strongly influences *how you give and receive feedback.*

Are you giving feedback with the **intent** to help the resident improve (i.e. increase competence = a learning orientation)

or

are you doing it with the **intent** to show them that they were wrong or that they are not very good or that their peers are better (i.e. a judgment = performance orientation)
Which learning mode *do you* want; A or B?

Feedback appears to have an obligatory "uncomfortableness"
## Tensions in Informed Self-Assessment: How the Desire for Feedback and Reticence to Collect and Use It Can Conflict

<table>
<thead>
<tr>
<th>Category of tension</th>
<th>Specific tensions</th>
</tr>
</thead>
</table>
| Tensions within self                      | - Wanting feedback yet fearing disconfirming information  
- Recognizing the need for feedback yet struggling to use it because of its incongruence with one’s self-appraisal |
| Tensions between people                   | - Wanting to be able to question others and learn from feedback, yet not wanting to look incompetent or share areas of deficiency  
  - Wanting feedback, yet not being able to pursue it or trusting feedback that is received  
  - Needing a positive and safe relationship to give/receive feedback, yet worrying about damaging the relationship with genuine feedback |
| Tensions in the learning environment      | - Incongruence between the stated curriculum and the curriculum-in-action  
- Engaging in authentic activities to inform self-assessment versus playing the evaluation game |

*The table describes the tensions identified from a study to explore the processes and dimensions of self-assessment. Participants in eight groups (across undergraduate, postgraduate, and continuing medical education) described the information and resources they employed to inform self-assessment of their clinical performance, and the factors that influenced the usefulness of such assessment.*
“Tell the Truth but Tell it *Slant*”
Emily Dickinson

The Goal is to HELP the person
Feedback “Angle”

Direct Feedback (suffers the most from the Mum Effect)
“**You** should have given the patient…”

Oblique Feedback
“If **I** were doing this, **I would** have given the patient…”

Feedforward
“The next **time**, I think it would be better if the patient were given…”
What about “praise” as feedback?

**Person**
Performance Oriented
- Trait

*Example:*
“You are a great diagnostician”

**Process**
Learning Oriented
- Effort - Strategy

*Example:*
“The differential was thorough and for that reason the rare disease was detected”
“It was great” is not feedback

Junior attendings writing to their mentors:
Generally, junior mentees are hungry for constructive, thoughtful advice on how to improve. “Good job” and “great” do not constitute adequate feedback. They don’t even feel like genuine compliments. Rather, they feel like a way to get us “out of your office” or out of your ‘inbox.’ We also need your critical eye and constructive feedback to improve. Try to offer a few thoughtful, focused comments. This will be far more helpful than any generic praise. We lack insight into our most valuable skills and areas for improvement. Help us identify these and be specific.
“Strong Work”

“Strong Work” (verbatim / HMS student)
Your ‘take’ on this?
What is your *current belief* about providing “praise” feedback?

A) It must help and thus the studies are wrong
B) It might be helpful but the studies cast doubt
C) It neither helps nor hurts but it’s nice to give
D) Ironically it seems to hurt subsequent performance
E) I’m not sure, it’s too complicated
When should you give feedback?

Which results in **BETTER** performance?

A. Concurrent feedback (real-time, in the moment)
B. Terminal (at the end of the task) feedback
C. It does not matter
D. I’m not sure
When to give feedback – “timing”

The Disruptive Potential of Immediate (concurrent) Feedback

Immediate feedback competes for working memory resources, forcing out information necessary for operator compilation. Delayed feedback appears to foster the development of secondary skills such as error detection and self-correction, skills necessary for successful performance once feedback has been withdrawn.

Bracing:
Expecting rapid feedback enhances performance

Kettle and Haübl. Psych. Sci. 21 545 (2010) – 274 college students Rand to expected feedback proximity 0-17 days, oral presentation, peer scored
We asked MGH residents:

Does this feedback help you to improve?

“Dr. X did a good job on call.”

Choose YOUR response:

A. I can easily see how this would help me improve
B. I think I can see how this would help me improve
C. I’m not sure that this would help me improve
D. I don’t see how this would help me improve
E. This is nice but it doesn’t help me improve
Resident Responses to Comment #1
Could be better prepared in the morning, specifically: could have the art line setup and zeroed as part of the morning set-up. Could have read more about the cases of the day, rather than saying: “Oh, well I’ve never done X.”

Choose YOUR response:

A. I can easily see how this would help me improve
B. I think I can see how this would help me improve
C. I’m not sure that this would help me improve
D. I don’t see how this would help me improve
E. This is nice but it doesn’t help me improve
Resident Responses to Comment #3
“Dr. X is very nice to work with. However, Dr. X needs extra help to catch up with peers.”

Choose YOUR response:

A. I can easily see how this would help me improve
B. I think I can see how this would help me improve
C. I’m not sure that this would help me improve
D. I don’t see how this would help me improve
E. This is nice but it doesn’t help me improve
Resident Responses to Comment #9

Percent of Responses (%)

A  B  C  D  E
Focus on Formative Feedback

Author(s): Valerie J. Shute
Reviewed work(s):

do you want this?
If yes, email: khbaker@partners.org

TABLE 2. Formative feedback guidelines to enhance learning (things to do)

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Description and references</th>
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<tbody>
<tr>
<td>Focus feedback on the task, not the learner</td>
<td>Feedback to the learner should address specific features of his or her work in relation to the task, with suggestions on how to improve (e.g., Butler, 1987; Pintrich &amp; DeGroot, 1990).</td>
</tr>
<tr>
<td>PROVIDE ENCOURAGING FEEDBACK TO ENHANCE LEARNING.</td>
<td>Feedback should be salutary, clear, and of a given problem. The type of cognitive feedback is typically more effective than metacognitive feedback. (e.g., Elen &amp; Decorte, 1995; Goetz &amp; Flavell, 1972; Haring, 2002; Lazon &amp; Blum, 2003)</td>
</tr>
<tr>
<td>Do not allow learners to give feedback in unstructured units.</td>
<td>Learners should be able to give feedback in a structured and relevant way (e.g., De Corte, 1997; Veenman &amp; van Merriënboer, 2000; Veenman &amp; van Merriënboer, 2001)</td>
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TABLE 3. Formative feedback guidelines to enhance learning (things to avoid)

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<tr>
<td>Do not provide feedback that discourages the learner or threatens the learner's self-esteem.</td>
<td>Feedback should not be all negative, and provide information on how to improve.</td>
</tr>
<tr>
<td>Avoid asking questions that the learner already understands.</td>
<td>Learners do not want to be asked questions that they already understand.</td>
</tr>
<tr>
<td>Do not interrupt learners who are sharing ideas.</td>
<td>Learners do not want to be interrupted while sharing ideas.</td>
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<td>Do not allow learners to give feedback in unstructured units.</td>
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TABLE 4. Formative feedback guidelines in relation to timing issues

<table>
<thead>
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<tr>
<td>Try to avoid delivering feedback instantly.</td>
<td>Feedback should be delivered (or obtained) either immediately or delayed. Immediate feedback can help learners understand their mistakes and correct them. Delayed feedback has been associated with better transfer of learning (e.g., Just, 1990; Perkins &amp; Salomon, 1988).</td>
</tr>
<tr>
<td>Try to avoid giving feedback too late.</td>
<td>Feedback should be delivered (or obtained) either immediately or delayed. Immediate feedback can help learners understand their mistakes and correct them. Delayed feedback has been associated with better transfer of learning (e.g., Just, 1990; Perkins &amp; Salomon, 1988).</td>
</tr>
</tbody>
</table>

TABLE 5. Formative feedback guidelines in relation to learner characteristics

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Description and references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not allow learners who have attempted a solution.</td>
<td>Learners should not be allowed to attempt a solution.</td>
</tr>
<tr>
<td>Do not allow learners to give feedback in unstructured units.</td>
<td>Learners should not be able to give feedback in a structured and relevant way (e.g., De Corte, 1997; Veenman &amp; van Merriënboer, 2000; Veenman &amp; van Merriënboer, 2001)</td>
</tr>
<tr>
<td>For high-achieving learners, use immediate feedback.</td>
<td>Providing feedback to high-achieving learners can help them improve their performance. The argument for low-achieving students is similar to the one above, however, these students need the support of immediate feedback. Learners need to pay attention to feedback. (e.g., Goetz &amp; Flavell, 1972; Slavin &amp; DeCaf, 1981)</td>
</tr>
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<td>For low-achieving learners, use delayed feedback.</td>
<td>Providing feedback to low-achieving learners can help them improve their performance. The argument for high-achieving students is similar to the one above, however, these students need the support of delayed feedback. Learners need to pay attention to feedback. (e.g., Goetz &amp; Flavell, 1972; Slavin &amp; DeCaf, 1981)</td>
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<tr>
<td>For high-achieving learners, use specific feedback.</td>
<td>Providing feedback to high-achieving learners can help them improve their performance. The argument for low-achieving students is similar to the one above, however, these students need the support of specific feedback. Learners need to pay attention to feedback. (e.g., Goetz &amp; Flavell, 1972; Slavin &amp; DeCaf, 1981)</td>
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<tr>
<td>For low-achieving learners, use general feedback.</td>
<td>Providing feedback to low-achieving learners can help them improve their performance. The argument for high-achieving students is similar to the one above, however, these students need the support of general feedback. Learners need to pay attention to feedback. (e.g., Goetz &amp; Flavell, 1972; Slavin &amp; DeCaf, 1981)</td>
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Transition to Evaluation...

Resident Evaluation (i.e. Judgement!):
Does RATER Goal Orientation Influence Performance appraisals?

GIVEN: Supervisors with a PO or a LO evaluate initial performance in a similar fashion.

QUESTION: If they both see a poor performance, and then at a later time see the SAME person demonstrating a good performance how will they see the second performance?

A. The PO supervisors will score the second performance higher than the LO supervisors
B. The LO supervisors will score the second performance higher than the PO supervisors
C. BOTH LO and PO supervisors will increase their scores the same
D. Neither PO or LO supervisors will adjust their scores upwards
Does Evaluator Goal Orientation Influences Performance appraisals?

Initial Poor Perf

Low Perf

High Perf

Heslin et al. J. Appl. Psychol. 90 842 (2005)
Evaluator Goal Orientation Influences Performance appraisals

High Perf

Low Perf

Poor Perf

Subsequent Good Perf after initial poor perf

Heslin et al. J. Appl. Psychol. 90 842 (2005)
Evaluators with a high Learning Orientation are better able to acknowledge improvements in performance

conversely

Evaluators with a high Performance Orientation are less able to acknowledge improvements in performance


Yeates et al JAMA, 308 2226 (2012) – 41 faculty, all 3 good or poor – then all see 3 borderline. Randomized, blinded, video of PGY1 – IM
Features of our evaluation form

6 ACGME Core Competencies

Absolute score (1-7, specified anchors)
Relative to peers score (1-5, specified anchors)†

Comments (Strengths and Areas for improvement)

CCC questions: 5 yes/no questions (learning attitude, etc.)

Faculty Confidence in resident to independently perform a series of 8 increasingly difficult cases (Entrustable acts).

Alert to mentor and Program Director

Baker Anesthesiology, 115 862 (2011)
Direct observation of clinical performance (OR, PACU, ICU, Pain, etc)
Occurs in a naturalistic setting with relatively unobtrusive observation
Broad sampling (about 90-100 evaluations per year per resident)
Multiple raters (about 45-50 different attendings per year per resident)
Separation of formative feedback (comments) and evaluative numbers
Encourages weekly evaluation
Corrects for grade inflation (bias) and differential grade range use
Relates to high stakes medical knowledge tests (ITE) and referral to a CCC
Detects poor performance and reflects improved performance
Faculty demonstrate increased confidence in allowing unsupervised care
What About the Role of the Situation in influencing what we do?
The **Good Samaritan Experiment**
Princeton Divinity Students

This is CRITICAL to HOW you "see" things and therefore how you offer feedback.
The Good Samaritan Experiment Using Princeton Divinity Students

Randomize

Go give a talk on The GS parable

- "You’re late"
- "Now"
- "In 1 hour"
The Good Samaritan Experiment Using Princeton Divinity Students

You’re late → Now → In 1 hour

Who stopped to help?

Encounter a person in need
The Good Samaritan Experiment Using Princeton Divinity Students

In 1 hour

Now

You’re late

J. Pers. Soc. Psych. 27 100 (1973)

Level of Hurry to go Give Talk
As a general rule, how well do you think people are able to correctly take the situation into consideration when judging behavior?

A. Very well, and on most occasions
B. Well, and on many occasions
C. Not too well, and on many occasions
D. Not well at all, and on most occasions
E. We are awful at this nearly all the time
It is REALLY REALLY REALLY hard for people to take situational effects into account.

We usually attribute the action to the person & this leads to ALL SORTS of problems...

This is known as the FAE: The Fundamental Attribution Error.

Do you believe that faculty members evaluate residents in an unbiased fashion?

A) Yes, they are doctors for Heaven’s sake
B) Yes, there is no reason to be biased
C) Perhaps, but bias might creep in
D) No, bias is hard to eliminate
E) No, they are hopelessly biased
We had DEFINED “3” as “peer average” (at MGH!)

---

![Histogram](image)

*We are Biased in our Relative Ratings*

All Relative Data 7/08-2/09

- **CA-3:**
  - $d = 1.05$
  - $p = 6.9 \times 10^{-87}$

- **CA-2:**
  - $d = 0.88$
  - $p = 1.7 \times 10^{-70}$

- **CA-1:**
  - $d = 0.54$
  - $p = 1.5 \times 10^{-50}$
Wait a minute....
I thought a 3.8 was “Above Average”...
Analysis:
Handling pervasive bias, Grader leniency and grade-range restriction or expansion.

Introducing:
The Z-Score
Z-Score

The Z-score is a **normalized score** which compares a particular score \( x \) to the mean \( \mu \) and standard deviation \( \sigma \) of the scores usually given by that same evaluator:

\[
Z = \frac{x - \mu}{\sigma}
\]

where:

- \( x \) is the score to be normalized
- \( \mu \) is the mean score given by the evaluator
- \( \sigma \) is the standard deviation of the evaluator’s scores

79
When the SAME attending evaluates the SAME resident
The First Z Score is **Weakly Related** to the Second Z Score
When the SAME attending evaluates the SAME resident, the First Z Score is Weakly Related to the Second Z Score.
A Single Evaluation has LOW-Diagnostic Value

The “Between Evaluations” score variance is quite high and so generalizing from one evaluation to the next is RISKY business.

The score on one evaluation is able to predict only about 23% of the variance in the score on the next evaluation. This is true when the staff and resident ARE THE SAME!

Baker. Anesthesiology, 115 862 (2011)
On the Generality of Specificity

Many ‘skills’ and ‘traits’ that we commonly believe to be indicative of individuals themselves are often better accounted for by contextual ‘states’

‘context specificity’ is a profoundly general phenomenon

\[ r = .3 \rightarrow R^2 = 0.09 \]
"Noisy Data"

are well handled by

Signal Averaging
Despite all the “Noise”
Valid Performance Evaluation is Possible
Feedback Can Improve Performance

$p = 0.02$
The Faculty CAN identify resident performance issues

Interventions with Developmental Feedback CAN improve performance

Faculty members CAN change their scores when resident performance improves thus faculty members don’t permanently “label residents”
Feedback can work...but...

...it may take a while....

Do you worry that evaluation and feedback will hurt your teaching scores (assume confidential)?

A. Yes, and so I am lenient on the students
B. Yes, but I don’t change what I do
C. Maybe a little
D. No, but if it did hurt me I would change
E. No, it’s my job to do this. Period.
Faculty Evaluation of Resident Clinical Performance is UNRELATED to Resident’s Evaluation of Their Teaching

High Teaching Score

Low Teaching Score

Harsh Grader

Lenient Grader

Rel CC Score Given by Faculty

R = 0.0007
R2 = 0.000
N = 116
P = 0.99
Thank you for your attention

1. Questions?
2. Additional Topics for Discussion

Self-preservation vs. addressing weaknesses for better patient care
Do you put your name on it? (anonymous, confidential, named)
Worries about retaliation
Will written feedback hurt career prospects?
Relationship damage and the working with a trainee over time
Cutting the “Gordian knot” & separating evaluation and feedback
The defensive trainee - Naïve Realism - Motivated Reasoning
Telling stories about how residents grew after negative feedback
What is corn? You’re right, so are they - the need for “the third story”
Strength in numbers – getting the view from the group
Technical issues
Time and effort needed - should you be remunerated?
Legal issues