Rubric for the Daily Evaluation of Family Practice Resident Performance in Continuity Clinic

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Problem identification

- Clinical evaluation of residents is lacking in most Family Practice training.
- Fewer than 67% of programs use evaluations in their outpatient clinics.
- Preceptors are not trained in standardized resident evaluations.
- Residents do not get regular feedback regarding their clinical patient care skills.
Of course it can’t be easy

- A syllabus for clinic is nearly impossible to write, given the wide variety of people and situations encountered.
- “See your patient, examine them, order testing judiciously, make them better or keep them healthy, repeat.”
- A rubric should be broad enough to encompass nearly all patient encounters, and focused enough to encourage appropriate behaviors in resident physicians.
Of course it can’t be easy, part 2

- Forms are not regularly reviewed or updated
- There is usually no plan to keep forms current
- Most resident evaluation is summative creating distance between their behaviors and the feedback needed for improvement.
- Videotaping encounters is formative, but often does not have follow-up.
Family Practice – unique evaluations

- Rotations are designed to build the knowledge and skill that is then used in the clinic setting.
- The majority of other specialties do not have this focus on office-based practice.
- Other specialties do not demand the breadth of knowledge expected in Family Practice.
Emulate those who do it well

- Emergency Medicine has taken the lead in daily evaluations for its residents.
- Obstetrics and Gynecology evaluates residents regularly on clinical performance.
- Successful evaluations are being used in Internal Medicine, but have yet to be widely adopted.
Rubric design

• Specific to behaviors necessary for successful performance in an outpatient clinic,
• Designed to be used until the resident matriculates from the residency into independent practice
• Each section refers to the Seven Core Competencies of the American Osteopathic Association: Osteopathic Principles and Practices, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.
Do Grades Matter?

• This evaluation reflects competency or improvement needed.
• If a grade becomes necessary, then a numerical value can be assigned to each category, and a scoring system developed.
What is assessed?

- The rubric is designed to be both analytical and task-specific.
- By rating major behaviors within the framework of "competent physician," the rubric is designed to lead the resident to competence, then excellence.
- Descriptors are designed to reduce rater bias and describe specific behaviors leading to success as a family physician.
- Written tests cannot assess a residents' ability in areas of clinical performance.
Can you fail a rubric evaluation?

- Any resident continuing at the "needs continued development" category for more than 3 weeks in the areas of professionalism, communication, or practice based improvement will be assigned a plan of remediation for that area.

- If the deficiency continues, further re-assessment at the discretion of the program director will take place.
Yes you can, but please don’t

- Residents that are making a **concerted effort** to improve *and are making improvements* will be afforded a small amount of leeway during their evaluations.
- These residents will receive close observation and regular formative feedback to remediate their deficiencies.
- Residents who are **not** making an effort to improve or who **have little ability for improvement** will receive that information as a summative evaluation, with any sequelae that are suitable
Benefits

• The evaluations for the clinical performance will always be current, because they are being done in real time, with a formative interaction between the preceptor and the resident.

• Daily evaluations solve the problem of attending recall, especially when there is more than one attending physician involved.
Elimination of bias

- Evaluator bias is prevalent when there is a lack of faculty development around evaluation, and/or scaled scores are used.
- Evaluators often skew grades higher than deserved, based on resident personality, pleasantness, and/or an unwillingness to fail a resident.
Maintenance and upkeep

• This evaluation is currently a prototype.
• It is being tested in the Kent Hospital Outpatient Family Practice Clinic.
• Prior to its integration into the clinic, it will be evaluated by the residents and faculty for formative feedback.
• It will be evaluated for relevance and efficacy at six months, one year, then biannually after that. By planning for future evaluations of the evaluation tool, obsolescence can be anticipated and avoided.
References

• Speer AJ., Solomon DJ., Fincher RE.,(2000) ; Teaching & Learning in Medicine, 12(3)112-116.