



# Bring Resident Physicians to the Bedside to Foster High Quality Evaluations

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## INTRODUCTION

- There is a dearth of formative feedback in residency education, despite its recognized importance in establishing competency<sup>1</sup>.
- In 2016, MMC developed the Interprofessional Partnership to Advance Care and Education (iPACE™) model in a new internal medicine (IM) inpatient teaching unit.
- The cornerstone is daily structured patient-centered, interprofessional bedside rounds.
- This structure enhances the opportunity for faculty to perform direct observations of residents<sup>2</sup>.

## OBJECTIVE

- What impact, if any, does the iPACE™ model have on the **length and quality** of faculty narrative evaluations of residents?

## METHODS

- Retrospective analysis of competency-based faculty evaluations of IM residents, June 2017 through March 2020.
- Deductive content analysis approach employed to code the narratives.
- Six hundred ninety-two (692) narrative evaluations by 63 teaching attendings of 103 residents were included.
- Interrater reliability tests were conducted until a kappa Cohen's  $\geq 0.80$  was achieved.

## CODE BOOK: TYPES OF FEEDBACK

Optional	<b>Direct Observation</b> : Feedback that explicitly referenced interactions with patients/families.
Optional	<b>Interprofessional</b> : Feedback citing the interprofessional team (e.g., nursing, care management)
Select 1	<b>Specific</b> : Gives details regarding performance on a task or behavior.
	<b>Actionable</b> : Provides direction on how the resident can improve.
	<b>Personality-based</b> : Comment referring to innate quality of resident's character/temperament.
Select 1	<b>General</b> : Broad feedback that does not meet the criteria for specific.
	<b>Reinforcing (Positive)</b> : Describes behavior emphasizing strengths and competencies.
	<b>Corrective (Negative)</b> : Describes behavior and elicits alternative actions.

## RESULTS

Comparison of Faculty Evaluations of Residents between the iPACE™ Model vs. Traditional Teaching Teams

	iPACE™ Team (SD)	Traditional Team (SD)	p-value ( $\alpha = 0.05$ )
Word Count	109 (83)	69 (61)	p<0.001

Average Incidence of Feedback Types	iPACE™ Team (SD)	Traditional Team (SD)	p-value ( $\alpha = 0.05$ )
Direct Observation	0.72 (0.92)	0.32 (0.62)	<0.001
Interprofessional	0.17 (0.45)	0.05 (0.24)	<0.001
Specific	3.21 (2.33)	2.26 (1.92)	<0.001
Actionable	1.01 (1.08)	0.69 (0.99)	<0.001
Personality-based	0.15 (0.35)	0.16 (0.45)	0.59
General	1.01 (1.14)	1.08 (1.13)	0.47
Reinforcing	4.18 (2.64)	3.32 (2.19)	0.001
Corrective	1.2 (1.2)	0.88 (1.18)	0.001

## CONCLUSION & NEXT STEPS

- The iPACE™ model, which promotes a clinical learning environment that prioritizes interprofessional bedside rounding, **had a positive impact on the length and quality of narrative evaluations of residents.**
- We will disseminate these findings across the institution and provide faculty development to improve skills performing direct observations of learners.

## REFERENCES

<sup>1</sup>Bing-You R, Hayes V, Varaklis K, Trowbridge R, Kemp H, McKelvy D. *Acad Med*. Sep 2017;92(9):1346-1354.  
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 Tekian A, Park YS, Tilton S, et al. *Acad Med*. Dec 2019;94(12):1961-1969.  
<sup>2</sup>Hallen S, Van der Kloot T, McCormack C, et al. *J Grad Med Educ*. Oct 2020;12(5):598-610.

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## CONTACT INFORMATION

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