



360 - Degree Evaluations of Senior EM Residents: A Necessary Evil

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Background:

- The ACGME recommends multisource feedback (MSF) evaluation of resident performance.
- The utility of MSF for EM trainees is untested.

Objective:

- To determine the feasibility of an MSF program and evaluate the intra and interclass correlation of a previously reported resident professionalism evaluation - The Humanism Scale (HS).

Methods:

Study Design

- Survey

Subjects

- Ten EM - 3 residents

Measures

- An anonymous 9 - item modified HS (EM - HS) was distributed to the ED nursing staff, attending physicians and patients (figure 1). Patient surveys consisted of questions 4-9.

- The evaluators rated resident performance on a 1 - 9 scale (needs improvement to outstanding).

- Residents were asked to complete a self evaluation of performance using the same scale.

Analysis

- Generalizability coefficients were used to assess the reliability within evaluator classes.
- The mean score for each of the 9 questions provided by each evaluator class was calculated for each EM - resident.
- Correlation coefficients were used to evaluate correlation between rater classes for each question on the EM - HS.
- Generalizability coefficients and correlations > 0.70 were deemed acceptable.

figure 1

The Emergency Medicine Humanism Scale

Resident: _____

Nursing Evaluation of Resident Staff

Please circle appropriate rating for each question. If unable to evaluate, leave blank.

Ability to cooperate with medical colleagues								
1	2	3	4	5	6	7	8	9
Needs Improvement			Satisfactory			Outstanding		

Ability to cooperate with nurses								
1	2	3	4	5	6	7	8	8
Needs Improvement			Satisfactory			Outstanding		

Ability to cooperate with ancillary medical staff (Clerks, Clinical Assistants)								
1	2	3	4	5	6	7	8	9
Needs Improvement			Satisfactory			Outstanding		

Quality of physician-patient relationship				
1	2	3	4	5
Needs Improvement		Satisfactory		

Ability to render comfort and empathy				
1	2	3	4	5
Needs Improvement		Satisfactory		

Involvement of patient in decision making				
1	2	3	4	5
Needs Improvement		Satisfactory		

Consideration of patients' concerns								
1	2	3	4	5	6	7	8	9
Needs Improvement			Satisfactory			Outstanding		

Ability to place patients at ease								
1	2	3	4	5	6	7	8	9
Needs Improvement			Satisfactory			Outstanding		

Ability to admit one's own errors								
1	2	3	4	5	6	7	8	9
Needs Improvement			Satisfactory			Outstanding		

Thank you

Results:

- EM - HS's were obtained from 44 nurses and 12 attending physicians.
- Each resident had an average of 18 evaluations by ED patients at the point of care.
- Reliability within evaluator class was acceptable: $E\rho^2$ 0.79, 0.83 and 0.77 for attendings, nurses and patients, respectively.
- Inter-class reliability was poor for all pairs of evaluator types (table 1).

Limitations:

- Single-center study
- Modified survey
- Memory biases such as context effect, mood congruent memory bias and distinctive encoding
- Not designed to assess validation

table 1

Pearson Correlations of Mean Total Resident Scores Between Evaluator Classes

	Correlation of Total Score (questions 1 - 9)	Correlation of Total Score (questions 4 - 9)
Attending-Nurse	0.62	0.69
Attending-Resident	-0.08	0.01
Attending-Patient	-	0.13
Nurse-Resident	-0.35	-0.29
Nurse-Patient	-	0.13
Resident-Patient	-	0.21

Conclusions:

- Intraclass reliability was acceptable for all evaluator types.
- Ratings were not consistent across rater classes, confirming the utility of MSF instruments.