

Effect of Level of Involvement on Faculty Evaluations of 3rd Year Medical Students

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MEDICAL EDUCATION RESEARCH:

Background: Wake Forest School of Medicine (WFSOM) 3rd year clinical performance evaluation (CPE) requires evaluators to identify perceived level of involvement with each student as low, moderate, or high. The effect of faculty involvement on assigned scores, quality and quantity of substantive narrative comments and CPE items omitted is unknown.

Objectives: We sought to determine how perceived “level of involvement” affected CPEs of third year medical students, when completed by experienced faculty supervisors.

Methods/Design: We examined CPEs completed at WFSOM during the academic year 2018-19. Inclusion criteria included CPEs completed by full-time faculty who had completed evaluations in the 2017-2018 and 2018-19 academic years, designed to identify faculty who had consistent experience in clinical assessment. We assessed for differences in 1) clinical and professionalism scores, 2) percentage of evaluation questions omitted, 3) quantity of substantive narrative comments, and 4) quality of narrative comments, all based on faculty level of involvement (low, moderate, high). The quality of narrative comments was categorized as: 0=no meaningful comments, 1=general comments, 2=specific comments.

Results: 4204 CPEs were completed during the 2018-19 academic year, 3682 were included in the analysis (522 were completed by faculty who had not completed CPEs in the year prior). ANOVA revealed statistically significant differences between level of involvement and clinical ratings ($p \leq .001$), with mean rating from faculty with a high level of involvement ($p \leq .001$) significantly higher than from faculty with a moderate level of involvement ($p \leq .001$) and faculty with a low level of involvement ($p \leq .001$). Chi-squared analysis demonstrated a significant difference between faculty level of involvement and whether ratings were omitted ($p \leq .001$). Chi-squared analysis showed significant differences based on level of involvement in the likelihood of writing narrative comments ($p \leq .001$), and in specificity of improvement narrative comments ($p \leq .001$) and strength narrative comments ($p \leq .001$).

Conclusions: Faculty who perceive higher levels of involvement with a student are more likely to assign that student higher clinical and professionalism scores and complete a higher percentage of the clinical evaluation. Further, faculty with higher levels of involvement are more likely to provide narrative comments on both improvements and strengths with more specific, higher quality comments. Institutions seeking to gather more specific narrative comments on CPEs should identify ways to increase level of exposure between individual faculty evaluators and students.