



# Expanding Direct Observation Web-based Apps to Faculty Evaluation Systems

Linda Myerholtz, PhD

Alfred Reid, MA

Alexei Decastro, MD

Elin Kondrad, MD

Cristy Page, MD, MPH

# Disclosures

Since the pilot study was completed, Dr. Page has joined the Board of Directors for the non profit, Mission3, to which the M3App is licensed.

# Objectives

Introduce 2 strategies for gathering narrative driven point-of-care evaluative feedback

Discuss the value, challenges, and strategies for gathering feedback

Identify next steps to implement narrative driven point-of-care feedback tools for faculty feedback

# Capturing Direct Observations in the Moment



M3App©

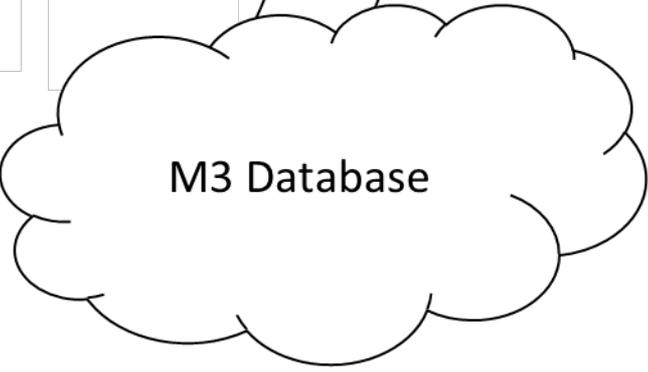
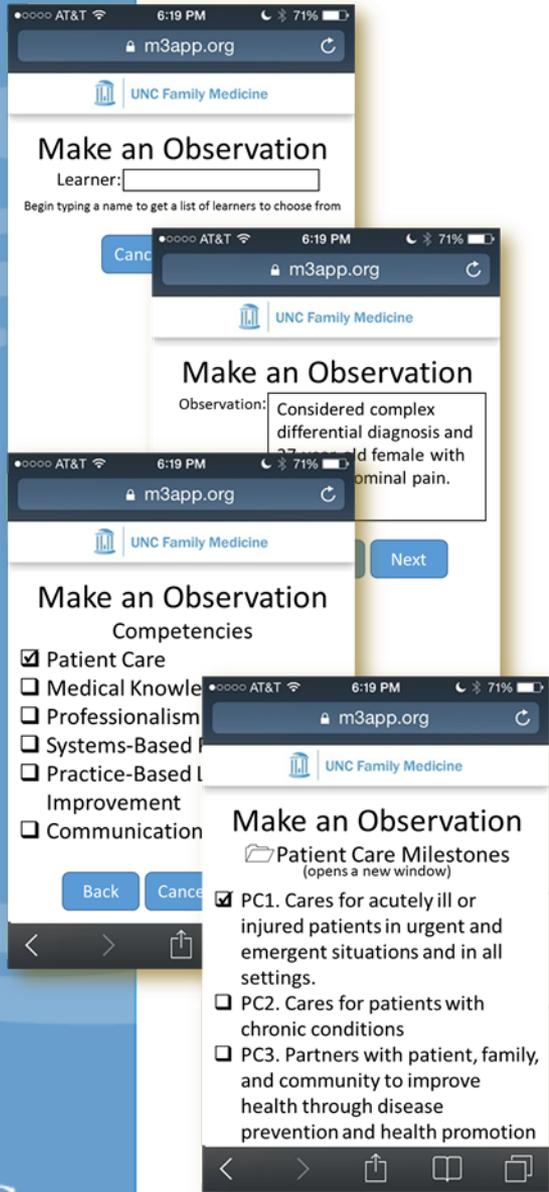
Page C, Reid A, Coe CL, Beste J, Fagan B, Steinbacher E, et al. Piloting the Mobile Medical Milestones Application (M3App©): A Multi-Institution Evaluation. *Fam Med*. 2017 Jan;49(1):35–41.

Page CP, Reid A, Coe CL, Carlough M, Rosenbaum D, Beste J, et al. Learnings From the Pilot Implementation of Mobile Medical Milestones Application. *J Grad Med Educ*. 2016 Oct;8(4):569–75.

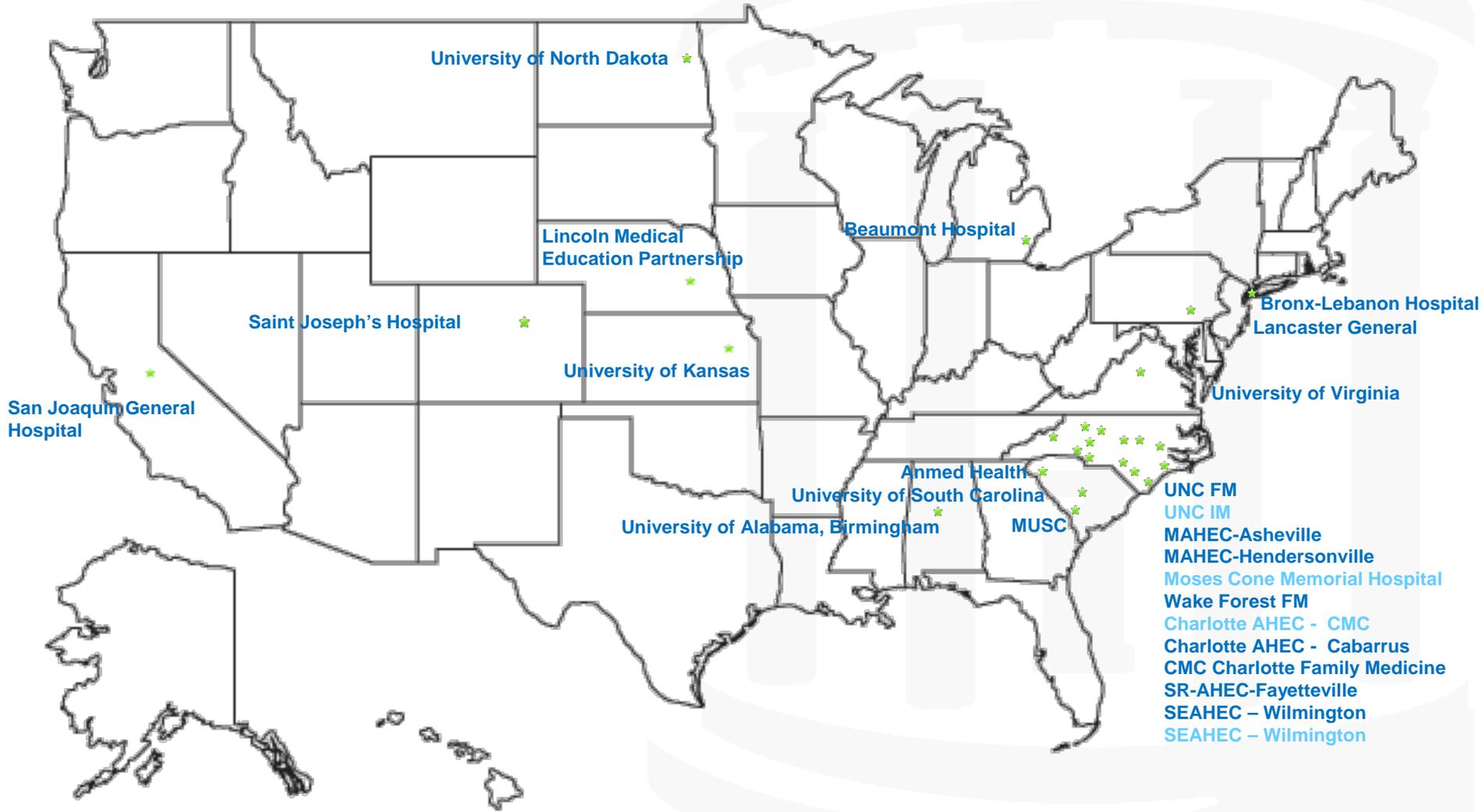
COMPETENCY: PATIENT CARE

Date	Faculty Observer	Observation
<b>Milestone: PC1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings</b>		
July 1, 2014	Faculty A	Considered complex differential diagnosis and 27-year-old female with acute abdominal pain.
July 4, 2014	Faculty B	Managed a pre-rapid response which resulted in a successful, calm and stable transfer to the MICU. He was clearly identified as the team leader, delegated tasks clearly, managed an acutely decompensating patient and stabilized the patient. He also insisted on specialty consultation appropriately despite reluctance from the consulting service.
Nov 7, 2014	Faculty D	Able to calm down, empathize with and appropriately direct an anxious pregnant patient with pancreatitis who felt her pain was not being adequately addressed.
Nov 18, 2014	Faculty E	Saw a patient for hospital follow-up who has multiple significant ongoing medical issues. Explored all of the problems that needed to be addressed acutely and managed each of these appropriately, responsive to my input about treatment of hyperkalemia and elevated INR.
Jan 28, 2015	Faculty F	Saw a patient with new onset of abdominal pain and RLQ tenderness. He facilitated the patient obtaining basic lab work and an abdominal CT which showed acute appendicitis. He contacted the patient and instructed him to proceed directly to the ED for definitive care.

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# 28 FM programs & 4 IM programs



# Expanding to Peer Observers



Change

*"If there is no struggle, there is no progress."* - Frederick Douglass



# What about Feedback for Faculty?



# Expanding to Faculty Evaluation

- Culture change 2.0
- Qualtrics survey experience (F3 1.0)

Which preceptor are you evaluating?

Evan Ashkin	Yee Lam
Ngwe Aycock	Tom Marsland
Kathy Barnhouse	Mallory Mcclester
Amir Barzin	Morgan McEachern
Kelly Bossenbroek Fedoriw	Linda Myerholtz

Enter your feedback (positive or constructive) **below** (for the preceptor you identified in question 1).

*Consider commenting on whether they did the following:*

- asked about your learning need/used 1 minute preceptor
- provided evidence-based recommendations
- assisted with a procedure
- helped with efficiency/timeliness
- gave feedback on presentation
- gave feedback on documentation



# F3



**UNDER CONSTRUCTION**  
CONTENT WILL BE AVAILABLE SOON

**Mobile Medical Milestones**  
M3App©

**Faculty Feedback Facilitator**  
F3App©

# Teaching Milestones?



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## “Teaching as a Competency”: Competencies for Medical Educators

Malathi Srinivasan, MD, Su-Ting T. Li, MD, MPH, Fredrick J. Meyers, MD, Daniel D. Pratt, PhD, John B. Collins, PhD, Clarence Braddock, MD, Kelley M. Skeff, MD, PhD, Daniel C. West, MD, Mark Henderson, MD, Robert E. Hales, MD, MBA, and Donald M. Hilty, MD

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### Abstract

Most medical faculty receive little or no training about how to be effective teachers, even when they assume major educational leadership roles. To identify the competencies required of an effective teacher in medical education, the authors developed a comprehensive conceptual model.

After conducting a literature search, the authors met at a two-day conference (2006) with 16 medical and nonmedical educators from 10 different U.S. and Canadian organizations and developed an initial draft of the “Teaching as a Competency” conceptual model. Conference participants used the physician competencies (from the Accreditation Council for Graduate Medical Education [ACGME]) and the

roles (from the Royal College’s Canadian Medical Education Directives for Specialists [CanMEDS]) to define critical skills for medical educators. The authors then refined this initial framework through national/regional conference presentations (2007, 2008), an additional literature review, and expert input. Four core values grounded this framework: *learner engagement, learner-centeredness, adaptability, and self-reflection*.

The authors identified six core competencies, based on the ACGME competencies framework: medical (or content) knowledge; learner-centeredness; interpersonal and communication skills; professionalism and role modeling; practice-based

reflection; and systems-based practice. They also included four specialized competencies for educators with additional programmatic roles: program design/implementation, evaluation/scholarship, leadership, and mentorship. The authors then cross-referenced the competencies with educator roles, drawing from CanMEDS, to recognize role-specific skills.

The authors have explored their framework’s strengths, limitations, and applications, which include targeted faculty development, evaluation, and resource allocation. The Teaching as a Competency framework promotes a culture of effective teaching and learning.

# Sample Competency & Milestones

Jane Doe creates a learning climate in which my learning is facilitated.

Level 1 Foundation/Novice	Level 2	Level 3 Expert	Level 4	Level 5 Master
<p>Clearly communicates learning expectations (goals and objectives)</p> <p>Clearly communicates learning content</p> <p>Assesses if my learning need was met</p> <p>Provides general feedback on my progress (positives &amp; constructive)</p>		<p>Is comfortable in an open atmosphere that facilitates dialogue about different approaches to clinical issues</p> <p>Routinely asks about my learning needs (i.e. what is your clinical question)</p> <p>Actively engages me in the learning process</p> <p>Elicits barriers to learning and works with me to overcome them.</p> <p>Provides timely, concrete, behavioral, constructive feedback that I am able to turn into action.</p>		<p>Helps me "stretch" towards new learning goals.</p> <p>Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues</p>

Level 0.5

Level 1

Level 2

Level 3

Level 4

Level 5



# Faculty Milestone Review Pilot

UNC Department of Family  
Anonymous Faculty Teaching  
Evaluation

Select a faculty member to evaluate

- Adam Zolotor
- Clark Denniston
- Don Pathman
- Adam Goldstein
- Andy Hannapel
- Mark Gwynne

Please indicate your degree of exposure to

- insufficient exposure to evaluate
- sufficient exposure to evaluate
- substantial exposure; evaluation based on multiple observations in a variety of settings

In what contexts have you had contact with (all that apply)

- clinic precepting
- conference presentations
- inpatient attending
- outpatient rotation attending
- small group learning activity
- video review
- other (please describe)

Please assign a level that best describes your learning experience with for each of the 4 competency domains below. Descriptors are listed under each level. Please think of these as you might the resident milestones.

**creates a learning climate in which my learning is facilitated.**

Level 1 Foundational/Novice	Level 2	Level 3 Expert	Level 4	Level 5 Master
Clearly communicates learning expectations (goals and objectives)	Is comfortable in an open atmosphere that facilitates dialogue about different approaches to clinical issues	Routinely asks about my learning needs (i.e. what is your clinical question)	Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues	Helps me "stretch" towards new learning goals.
Clearly communicates learning content	Routinely asks about my learning needs (i.e. what is your clinical question)	Actively engages me in the learning process	Provides general feedback on my progress (positives & constructive)	Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues
Assesses if my learning need was met	Actively engages me in the learning process	Elicits barriers to learning and works with me to overcome them.	Provides timely, concrete, behavioral, constructive feedback that I am able to turn into action.	

Level 0.5

# Questions & Discussion



# We Want Your Feedback!

Please evaluate this presentation using the conference mobile app!

Simply click on the "clipboard" icon  on the presentation page.

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