rating was 4.7 (range 4–5). Participants positively rated the cases and SLs as realistic, and SL feedback, didactics, and debriefing as helpful (all means > 4.5). In the retrospective pre-post survey, participants reported a significant increase in their skills in teaching trainees to recognize and address bias (from 6.0 to 7.9, $P < .001$). Additionally, they reported significant improvement in their own skills in recognizing and addressing bias (6.2 to 8.1, $P < .001$). Through informal verbal feedback, faculty noted that the opportunity to practice these skills in a simulation environment was especially valuable given the charged subject matter. This workshop can be replicated in other specialties by making minor changes in the cases. A limitation of this model is the time and funding required to train actors. (Actors were paid $25 per hour for a 2-hour training and a 1.5-hour workshop.) However, for departments willing to make a small investment, this innovative faculty development model has the potential to help address bias in the clinical learning environment.

Patricia Poitevien, MD, MSc
Residency Program Director, Department of Pediatrics, and Assistant Professor, NYU School of Medicine/NYU Langone Health

Cynthia Osman, MD, MS
Clerkship Director, Department of Pediatrics, and Clinical Associate Professor, NYU School of Medicine/NYU Langone Health/Bellevue Hospital Center

Corresponding author: Patricia Poitevien, MD, MSc, NYU Langone Health, Department of Pediatrics, NBV 8E11C, 550 First Avenue, New York, NY 10016, 212.263.7823, patricia.poitevien@nyumc.org

NEW IDEAS

Feedback on Feedback as a Faculty Development Tool

Setting and Problem

Competency-based medical education requires faculty members to assess clearly defined outcomes of learning over time. Unfortunately, assessment of competence is fraught with many difficulties, including the ability of faculty to accurately translate clinical performance into helpful feedback for the learner.

In 2011, we created an assessment system consisting of entrustment ratings of discrete work-based tasks called observable practice activities. Faculty members are asked to provide written comments justifying a given entrustment level, as well as specific suggestions for improvement. Despite multiple faculty development efforts that include e-mails, videos, narrated PowerPoints, and in-person presentations, a significant number of faculty members still use the assessment system incorrectly.

Intervention

We created a feedback tool for the end-of-rotation assessments that faculty members provide for residents. We began by defining behaviors we desired in our faculty and then generating a rating scale for each behavior (FIGURE).

Once a month our education team reviews all assessments submitted by faculty members. Each reviewer assesses 7 to 10 assessments monthly. The feedback tool (FIGURE) consists of 5 columns with numeric values, from 1 (poor) to 5 (excellent), and an average score for each review is calculated. All faculty members receive an e-mail with feedback on their assessments, and those with average scores less than 2 (indicating at least 1 score in the lowest performance column) are invited to an in-person meeting with the program director. All scores are reported to the chair of the department as part of each faculty member's yearly performance review.

Outcomes to Date

We completed 1149 feedback forms for 202 faculty members over 2 years. The average score per faculty assessment episode was 3.28 (median = 3.25). A total of 9% (106 of 1149) of assessments received an average score of less than 2, and 26% (52 of 202) of faculty members received an average score of less than 2 for at least 1 assessment (most faculty had more than 1 assessment).

Typical narrative comments delivered to faculty members included:

> "You rated Dr. X's OPAs at a level 4 [entrusted to perform without supervision] throughout the evaluation. In order to justify such a high rating you should specifically note why and how an intern could perform at such a high level."

DOI: http://dx.doi.org/10.4300/JGME-D-17-00876.1

Desired Faculty Member Behavior	Assessment Scale				
	1	2	3	4	5
Did this attending discriminate between entrustment levels of different observable practice activities, or describe the discrimination level choices in the narrative?	No discrimination	Limited discrimination	Some discrimination	Good discrimination	Excellent discrimination
Did this attending's narrative language justify the numerical entrustment?	Language not present or not reflective of numerical entrustment	Poor justification of numerical entrustment	Fair justification of numerical entrustment	Good justification of numerical entrustment	Excellent justification of numerical entrustment
Did this attending's narrative language describe specific strengths and/or weaknesses of resident performance?	No narrative language	Poor description of strengths and/or weaknesses of resident performance	Fair description of strengths and/or weaknesses of resident performance	Good description of strengths and/or weaknesses of resident performance	Excellent description of strengths and/or weaknesses of resident performance
Would this feedback be helpful to the resident?	Feedback has critical deficiencies	Feedback is poor	Feedback is fair	Feedback is good	Feedback is excellent
Comments					

FIGURE
Feedback on Feedback Tool

"'Read more' is too vague. What particular diagnoses did you observe Dr. X struggle with?"

"You gave this resident the same score for every question. It is unlikely he is equally skilled in all areas. You have also answered every box: Did you see all the skills? If not, then don't force the answer—leave it blank. We would rather have a few high-quality responses on what you observe, than low-quality responses on things you did not observe. A member of the education team will be contacting you to discuss further."

Of the 52 faculty members who had at least 1 feedback form with an average score less than 2, 24 had subsequent assessments available for our team to review. Of these, 58% (14 of 24) had no subsequent ratings less than 2, while 42% (10 of 24) had at least 1.

Many faculty development initiatives employ general education sessions, but behavior change requires direct feedback and coaching. We developed a process that identifies faculty members who may benefit most from these interventions with regard to written feedback performance. Further study is needed to understand and optimize this process.

Eric Warm, MD
Program Director, Categorical Internal Medicine, University of Cincinnati

Matthew Kelleher, MD, MEd
Associate Program Director, Categorical Internal Medicine, University of Cincinnati

Benjamin Kinnear, MD
Associate Program Director, Medicine Pediatrics, University of Cincinnati

Dana Sall, MD, MEd
Associate Program Director, Categorical Internal Medicine, University of Cincinnati

Corresponding author: Eric Warm, MD, University of Cincinnati, Department of Internal Medicine, Mail Location 0557, 231 Albert Sabin Way, Cincinnati, OH 45267-0557, 513.558.2590, fax 513.558.3878, warmej@ucmail.uc.edu