

Circling Back: Communicating the Impact of Educator Evaluations to Medical Trainees

As eloquently outlined by Cherr and colleagues in their article, “Remediation of the Struggling Clinical Educator,” in a recent issue of the *Journal of Graduate Medical Education*, early identification of struggling clinical educators results in more timely remediation and enhanced educational quality.¹ Indeed, despite evidence that clinical teaching improves with consistent, thoughtful feedback from trainees, the progression can take approximately 1 to 3 years.^{2,3} This time delay means that many of the trainees who provide feedback do not see the eventual results. Furthermore, trainees are often not privy to understanding how their feedback impacts the careers of medical educators, which can lower the quality and accuracy of feedback.⁴

Medical trainees are asked and often mandated to give feedback on every clinical educator they work with on their multitude of rotations. While critical to the betterment of an academic training program, this process can result in feedback fatigue, noted as the largest cause of poor quality feedback and response bias in teaching evaluations.⁵ It is also well-documented that trainees often feel their feedback is not taken seriously.⁵ From the perspective of a medical trainee, circling back with individuals who provided the feedback is an underemphasized step in developing a successful and sustainable feedback process.

Cherr and colleagues outlined clear, effective steps for clinical educator remediation¹: both the diagnosis of struggling educators and measurement of remediation efficacy depend on continuous, high-quality, and accurate feedback from learners. Increasing transparency of the existence of an institutional remediation process and how evaluations are being used can ensure the sustainability of the feedback on which these systems depend. Circling back does not always need to be detailed and specific to be effective; in fact, due to confidentiality of evaluations and privacy of clinical educators, it often cannot be. However, closing the loop indirectly by acknowledg-

ing a remediation process and showing that feedback is being taken into account for the betterment of the program and future trainees can be adequate to completing this step.⁵ While difficult, circling back may be the most powerful tool to battling feedback fatigue and continuing to improve the overall quality of clinical education within a program.

Diagnosis and remediation for struggling clinical educators is imperative to improving medical training at individual institutions and on a broader scale. The process relies on thoughtful, accurate, and actionable feedback from trainees. Increased transparency regarding how evaluations of clinical teaching faculty are used and the impact evaluations have on the careers of clinical educators can lead to higher-quality feedback, ultimately resulting in improved teaching for future physicians and better patient outcomes.

Rebecca L. Yanovsky, BS

Medical Student, Tufts University School of Medicine

References

1. Cherr GS, Orrange SM, Berger RC. Remediation of the struggling clinical educator. *J Grad Med Educ*. 2019;11(1):6–9. doi:10.4300/JGME-D-18-00262.1.
2. Baker K. Clinical teaching improves with resident evaluation and feedback. *Anesthesiology*. 2010;113(3):693–703. doi:10.1097/ALN.0b013e3181eaacf4.
3. Schwartz AJ. Resident/fellow evaluation of clinical teaching: an essential ingredient of effective teacher development and educational planning. *Anesthesiology*. 2010;113(3):516–517. doi:10.1097/ALN.0b013e3181eaad1e.
4. Beckman TJ, Ghosh AK, Cook DA, Erwin PJ, Mandrekar JN. How reliable are assessments of clinical teaching? A review of the published instruments. *J Gen Intern Med*. 2004;19(9):971–977. doi:10.1111/j.1525-1497.2004.40066.x.
5. Naeger DM, Jen A, Ahearn B, Webb EM. Effectively acquiring and using feedback. *J Am Coll Radiol*. 2015;12(12 Pt A):1320–1323. doi:10.1016/j.jacr.2015.05.011.



The author would like to thank Laura K. Snyderman, MD, Internal Medicine Clerkship Director, Tufts Medical Center, and Associate Professor of Medicine, Tufts University School of Medicine, for fostering a culture of transparent feedback and open communication in medical training. Dr. Snyderman's commitment to the continuous improvement of clinical education was a source of inspiration for this letter.

DOI: <http://dx.doi.org/10.4300/JGME-D-19-00288.1>