

[The following is an example of a good evaluation from fellows.]

February 6, 2020

Dr. **Redacted**: Here are the most recent results from our fellowship program’s faculty evaluation process. This process was introduced as a way for fellows to provide group feedback in a way that is completely anonymous for individual fellows; the goal is to enhance honesty and usefulness of evaluations. Briefly, each fellow independently and anonymously scored each faculty member (with whom she/he had worked) with regard to 9 characteristics, and the individual assessments were compiled and summarized. With summary data in hand, the fellows met as a group (with no faculty members present), reviewed the summary data, and then provided written feedback to each faculty member with regard to three areas, including: (1) areas where the attending is performing well; and (2) areas where the attending could improve. (I also asked fellows to describe any examples of witnesses learner mistreatment [if applicable], but this wasn’t applicable to any faculty member.) Below you will see your individual summary data and summary data for all clinical faculty as a group (labelled “Everyone”). Written feedback from fellows as a group are labelled “Group comments.”

KEY for worksheet: NA = cannot reliably assess, 1 = poor, 2 = fair, 3 = good, 4 = excellent

		Possesses expertise in field of practice (clinic)	Helps to develop and implement patient management plans (clinic)	Possesses expertise in general endocrinology (consults)	Helps to develop and implement patient management plans (consults)	Applies basic and clinical sciences relevant to patient care	Allows you to independent formulate your own clinical opinion and allow for academic discussions	Aids in your critical assessment of patients	Establishes and models an environment of professionalism	Apparent degree to which faculty member values fellows and their education	Average of 9 items
Everyone	Average	3.92	3.90	3.73	3.81	3.80	3.80	3.84	3.92	3.83	3.84
Everyone	Minimum	2.00	2.00	2.00	2.00	2.00	2.00	3.00	3.00	2.00	2.56
Everyone	P25	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.86
Everyone	Median	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Everyone	P75	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Everyone	Maximum	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Redacted</b>	Average	3.83	3.83	3.71	3.86	3.71	3.86	3.83	4.00	3.67	4.00
<b>Redacted</b>	Minimum	3.00	3.00	2.00	3.00	2.00	3.00	3.00	4.00	2.00	2.78
<b>Redacted</b>	P25	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Redacted</b>	Median	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Redacted</b>	P75	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Redacted</b>	Maximum	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

**Individual comments (optional):**

- Great learning opportunities in clinic. Allowed me to choose clinic time in order to maximize best patient exposure.
- best learning opportunities thus far; every fellow should work with her due to variety and heavy emphasis on testing interpretation and clinic load

**Group comments:**

- Performing well: enjoy working with her in clinic and consults. Efficient in consults and allows fellows to take charge while giving advice. Takes what you say into consideration. Has improved in clinic as far as tailoring clinic to optimize education (i.e. allowing fellows to come in at specific times to see more adrenal initial visits). Great educator- providing background materials and asking fellows high-yield questions. We want her to do more lectures if possible.
- Areas for possible improvement: None

*Note: You were one of only 4 faculty members who were endorsed (by the group) as a potential new Continuity Clinic attending. I want to acknowledge here that you consistently receive this honor. (My hat’s off to you.)*

I hope you find this evaluation helpful. These data will be shared with Greg Hong (soon to be Program Director) and Zhenqi Liu (Division Chief). Please let me know if you have any questions. – Chris McCartney

[The following is an example of an evaluation (for an early-career faculty member) that includes some important constructive feedback. Although all of the following was included in the written feedback, I first discussed these things with the faculty member in person.]

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Everyone	P25	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.86
Everyone	Median	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Everyone	P75	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Everyone	Maximum	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Redacted</b>	Average	3.50	4.00	3.20	3.80	3.60	2.40	3.20	3.60	3.20	3.33
<b>Redacted</b>	Minimum	3.00	4.00	3.00	3.00	3.00	2.00	3.00	3.00	2.00	3.00
<b>Redacted</b>	P25	3.25	4.00	3.00	4.00	3.00	2.00	3.00	3.00	3.00	3.29
<b>Redacted</b>	Median	3.50	4.00	3.00	4.00	4.00	2.00	3.00	4.00	3.00	3.33
<b>Redacted</b>	P75	3.75	4.00	3.00	4.00	4.00	3.00	3.00	4.00	4.00	3.44
<b>Redacted</b>	Maximum	4.00	4.00	4.00	4.00	4.00	3.00	4.00	4.00	4.00	3.57

**Group comments:**

- Performing well: approachable, helps with Epic tricks, good diabetes lectures and Journal Clubs, provides a unique diabetes perspective which is different from other UVA attendings, like that she brings insulin devices to show patients
- Areas for possible improvement: Allow fellows to independently manage more on consults and allow for more academic discussions of management on consults and in clinic (there is not always only one “right” way to manage diabetes). Improve efficiency during rounds.

Dr. **Redacted**, in light of conversations I’ve had with fellows over the past three years (outside of the above evaluation process), I offer to you a handful of comments—offered in a constructive spirit—for your consideration. I hope you don’t mind this kind of gentle coaching.

- **Achieving a balance between adequate oversight of fellows vs. allowing fellows appropriate autonomy to act independently:** As part of the growth process, fellows need the opportunity to manage patients with appropriate degrees of autonomy. The perception of some fellows (over the past 3 years) is that you sometimes limit fellow autonomy and/or impose your preferences—potentially without a careful explanation of rationale. My general posture is that fellows should have some latitude

to pursue reasonable/rational plans, even if they don't quite align with what we would do on our own. I think it's perfectly fine to engage in academic discussions about treatment options, of course, along with descriptions of associated rationales; but when there's more than one reasonable option, I tend to give the fellow the opportunity to pursue their preference if they continue to favor that option. The flip side of all this is that we must provide adequate fellow oversight: we should prevent fellows from doing anything that is incorrect and/or could potentially be dangerous.

- **Confusion about rationale for plans/corrections:** Some fellows have described occasional difficulty understanding the rationale for a clinical decision (not that the decision was wrong, just that the rationale wasn't adequately communicated). Similarly, some fellows have expressed concern that clinical disagreements (between you and the fellow) are not always explained/adjudicated adequately. As you know, it's perfectly okay to disagree with a fellow's plans, but the fellow deserves to understand precisely why you disagree. This is important for two reasons:
  1. A careful explanation of rationale will enhance fellow learning/growth (and will hopefully prevent the fellow from making a similar error in the future);
  2. In my experience, carefully exploring such disagreements sometimes discloses that I misunderstood what was going on with the patient (e.g., I was making judgements on the basis of a faulty understanding of the clinical situation).
- **Consult efficiency:** Some fellows have described excessive rounding times, although I don't have specific data to make a judgement about this.

I'm happy to discuss these things further.

I hope you find this evaluation helpful. These data will be shared with Greg Hong (soon to be Program Director) and Zhenqi Liu (Division Chief). Please let me know if you have any questions. – Chris McCartney