

Works Well Enough? Program Directors’ Perceptions of the Effectiveness and Transparency of Competency-Based Evaluations in Assessing Infectious Diseases Fellow Performance

Amy V. Dora, M.D., Christopher J. Graber, M.D., M.P.H., Tara Vijayan, M.D., M.P.H.
 Division of Infectious Diseases, University of California, Los Angeles Medical Center

Background

In July 2015, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Internal Medicine (ABIM) jointly outlined an approach to assessing fellow performance using milestone-based core competencies for incorporation into standardized evaluation templates of trainee performance.

Limited data exist regarding the clarity, effectiveness, and reproducibility of competency-based evaluations of infectious diseases fellows.

Methods

From March to May 2019, program directors of ACGME-accredited infectious diseases fellowship programs were invited to complete a Qualtrics-based survey of program characteristics and evaluation methods, including a trainee vignette to gauge evaluation reproducibility.

Results

- 43 program directors initiated the survey, but 29 completed it.
- Seventeen (59%) were men, 19 (66%) were on a teaching service for over 8 weeks a year, and 19 (66%) had fewer than four first year fellows in their program.
- Eighteen (62%) were at least “somewhat satisfied” with their institution’s assessment tool, and 19 (66%) reported it was at least “moderately effective” in identifying academic deficiencies.

The core competencies of systems-based practice and practice-based improvement as applied to infectious diseases training should be further clarified.

Improving milestone descriptions on evaluations and evaluating fellows based on stage in fellowship (i.e. early first year fellow) can help standardize evaluation responses.

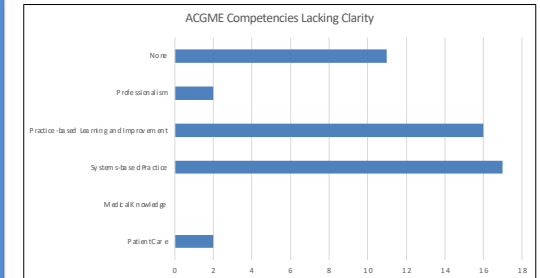
Feedback Corner:

“I think we can and must do better. The process seems bloated and educratic.”

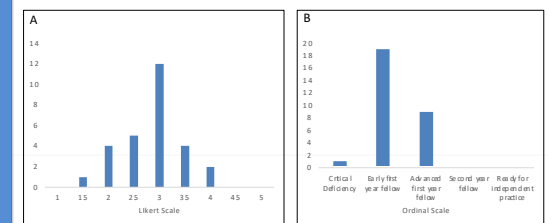
“Most faculty too nice about it and not honest with trainees deficiencies.”

“Try to make it more uniform or standardized”

“The ACGME competencies are reasonably structured once you are well-versed in them. It does take some time to explain the differences between them to a new faculty member. But it works well enough.”



You have a first-year fellow in December of the academic year. He is very efficient, although at times will miss a few critical details. He is engaged with patients and communicates effectively. He has started to make concrete suggestions for plans, which you modify about 60% of the time. He has a basic understanding of how to approach the major infectious disease syndromes (such as management of MRSA bacteremia and fungemia). When you give him in-person feedback, he notes that part of the challenge is that “different attendings do things differently.” Regarding the domain on Patient Care, use the following prompt to rate the fellow: “The fellow provides appropriate detailed and comprehensive consultative care to patients and consulting physicians who request infectious disease expertise.”



Graph A demonstrates the range in survey responses to the above prompt based on a Likert scale from 1 to 5 with 0.5 increments. Graph B demonstrates ratings for the same prompt based on an ordinal categorical scale, showing a narrower range of responses.

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