

## “How Well Do I Teach?” Giving Faculty Useful Feedback on their Educational Successes and Failures

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**Topic Category:** Primary: Education

**Background:** Providing clinical teachers in postgraduate medical education with feedback about their teaching skills is a powerful tool to improve clinical teaching. Often the exchange of verbal and written feedback between teachers and learners is insufficient and nonspecific, limiting its usefulness. In surveys over the years, the faculty has consistently commented on the need for structured feedback on their teaching efforts and ideas for specific improvement.

**Objectives:**

- 1) Survey the faculty and perform focus groups to identify the current status of feedback on teaching and the needs of the faculty around the type of feedback and assessment they would prefer.
- 2) Perform a literature review of best practices of teaching evaluation.
- 3) Sample pediatric program directors to identify best practices outside the literature
- 4) Use the needs assessment to develop a process for giving timely and useful feedback about teaching to our faculty

**Methods and Approach:** The faculty was surveyed to identify deficiencies and generate ideas for improvement in both teaching feedback and assessment. Three faculty focus groups were convened to discuss topics around this issue and their thoughts on changes needed in our teaching assessment process, feedback process and mentoring were collected. A triangulation meeting assured thorough topic analysis and saturation of themes. A literature review of current clinical teaching faculty feedback and assessment processes was completed. Finally, a verbal survey of a sample of pediatric residency program directors to look for best practices not currently in the literature was performed.

**Outcomes:** Sixty-seven clinical faculty with a 40% response rate completed the survey. Three focus groups were completed, with 11 faculty members from various demographics. Of the surveyed faculty, 34% felt that their feedback and evaluation processes for teaching were unsatisfactory. Most felt that looking at resident and student evaluations was insufficient and they would prefer more timely and relevant feedback with more useful comments. Peer evaluation, reviewing feedback with a faculty member skilled in educational assessment, guided reflection and observed teaching evaluations by skilled clinician-educators were suggestions for improvement on both the survey and the focus groups. Faculty with small amounts (<10%) of teaching felt that evaluations from learners were sufficient but they would like improved content. Review of the literature revealed at least 3 different methods that seemed in line with our faculty needs and specific to clinical teaching in both the classroom and at the bedside.

**Conclusions and Next Steps:** A significant percentage of faculty feel feedback and assessment of teaching is inadequate. Peer assessment, reflection and coaching by clinician educators were processes identified as leading to improvement. Most faculty felt this should be voluntary unless specific deficiencies are noted. Our next step is to create an individualized approach for teaching evaluation and feedback and implement this in the coming academic year. This will lead to improvement in educational effectiveness and faculty satisfaction.