WORKSHOP EFFECT
Evaluation and feedback For Effective Clinical Teaching

Lia Fluit, PhD, MD, MSc
Head Education & Research
Radboud University Medical Center Nijmegen, The Netherlands

Topics of this workshop

• Why evaluating?
• Evaluating the quality of clinical teachers with EFFECT
• Practical part
WHY evaluating clinical teachers

For good health care we need good doctors

Good clinical teachers are needed to educate good doctors

Need to assess the quality of clinical teaching:
- make good teaching visible
- improve teaching

WHY evaluating with EFFECT

- Focus on development, help clinical teachers gain insight in their strong and weak points
- Residents and teachers have a dialogue about the quality of teaching
- Create a culture that makes it is possible to give feedback regularly
**EFFECT questionnaire**

6 point likert scale + option not applicable

<table>
<thead>
<tr>
<th>Domains of teaching</th>
<th>items</th>
</tr>
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<tbody>
<tr>
<td>1 Role modeling</td>
<td>15</td>
</tr>
<tr>
<td>2 Assigning tasks relevant for learning</td>
<td>6</td>
</tr>
<tr>
<td>3 Planning teaching</td>
<td>3</td>
</tr>
<tr>
<td>4 Feedback</td>
<td>12</td>
</tr>
<tr>
<td>5 Teaching methodology</td>
<td>8</td>
</tr>
<tr>
<td>6 Personal support</td>
<td>6</td>
</tr>
<tr>
<td>7 Assessment</td>
<td>8</td>
</tr>
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**Characteristics of EFFECT questionnaire**

- Based on learning in the workplace
- Based on literature describing good clinical teaching
- Incorporates CANMEDS competencies
- Can be tailor made
Fluit et al. Residents provide feedback to their teachers: reflection through dialogue. Medical teacher 2013

EFFECT-S

step 1
Informing department EFFECT agreements

step 2
Residents' evaluation & self-evaluation

step 3
Individual feedback report to faculty

step 4
Feedback interview two residents & moderator

step 5
Team evaluation with faculty and residents

EFFECT - UMCN Antropogenetica A(N)IOS Demo

Instruction

Study the EFFECT-S and the output

Discuss within your group:
• How informative is this information?

• What if implemented in your institute: what will be easily accepted?

• What may cause difficulties when implementing it in your department/institute?

Formulate 1 discussion point or question for the plenary discussion
How to read the output?

- Residents versus supervisor scores
- Supervisor versus group score
- Standard Deviations (SD)
- High, mediate or low scores
- Number of ‘not observed’

Implementation of EFFECT-S

2009: Department of psychiatry (pilot)

2015: >20 hospitals (4 University hospitals)
      100 departments
      28 medical specialties

9 tailor made EFFECT questionnaires

In March Lithuania will start with EFFECT
Experiences with EFFECT system

Well:
• Filling in questionnaires (both residents and supervisors)
• Residents providing feedback
• Acceptance of the procedure
• Items acceptable: reflect learning in the workplace

Difficult:
• Anonymous ratings
• Who gets insight in results
• Organizing the feedback sessions
• Dialogue is difficult when supervisors are not open to feedback, not willing to change

Feedback dialogue: preparation

Workshop for residents how to prepare and conduct feedback sessions
(optional workshop for staff on how to receive feedback)

✓ One hour session with residents:
✓ Discuss real output
✓ Guidelines for providing feedback
✓ Guidelines how to read the output
✓ Role play optional

✓ Before every feedback session:
✓ 15 minutes preparation with facilitator
✓ Defining roles and topics to discuss

✓ After every feedback session
✓ Residents receive feedback on their performance
**Feedback dialogue: organisation**

- 30 minutes per supervisor
  - 2 residents, 1 moderator and the supervisor
  - Agree on each role during the dialogue
- Preparation of the session with residents and facilitator
- Formulate topics to discuss:
  - What needs to be discussed?
  - What is going well (and should be continued)?
  - What needs improvement?
  - Be aware you have concrete examples

**Feedback dialogue: structure**

- Facilitator starts and explains the procedure
- Residents ask supervisor to give a first reaction/impression
- Residents start with strong points
- Discuss domains:
  - What goes well?
  - Areas for improvement? Provide practical tips, suggestions
  - Items with large discrepancies of scores
  - Follow-up actions
- Facilitator summarizes strong points, points for improvements and actions
Instruction 2

• Read the EFFECT output of supervisor doctor X

• Discuss with others:
  • three positive points
  • three points for improvement

Resident (internal medicine)

The nicest thing of EFFECT is the dialogue where the results are discussed with the supervisor.

Contrary to what I had expected, the discussions were quite open and for every supervisor there was something that they were not aware of.

The nice thing is too that you realise that you yourself have a supervising role for clerks, therefore EFFECT cuts both ways.
Tips and trics

- Accept diversity and take time
- Plan actions for improvement and involve residents
- Small improvements count!
- Choose elements for improvement, formulate it SMART......
- Create safety for both staff and residents
- Don’t talk too much about the past, focus on present and future
**Conclusions**

- EFFECT questionnaire based on characteristics of workplace learning and gives insights in the quality of clinical teaching
- Supervisors and residents highly appreciate the EFFECT-S
- EFFECT-S is more than just evaluating supervisors: it is creating shared knowledge about clinical teaching
- Residents report a change of the culture within the department after implementing EFFECT-S

[www.effectsurvey.nl](http://www.effectsurvey.nl)  
[lia.fluit@radboudumc.nl](mailto:lia.fluit@radboudumc.nl)