Developing Faculty Expertise: Assessing Teaching Competencies Using a Milestones-Based Tool

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Associate Designated Institutional Official (DIO)
Assistant Clinical Professor of Preventive Medicine
What we will cover today

• Transforming a reluctant Hospitalist faculty: Identifying and addressing the issues

• Establishing shared goals for faculty

• Developing and using a milestones-based tool to create the roadmap for improvement
Some background

• About Mather Hospital and Stony Brook Medicine
• About the IM program
• About our first year
• “The Event”
John T. Mather Memorial Hospital

- Non-teaching community hospital for 84 years
- 245 beds, 11,000+ discharges per year, 42,000+ emergency department visits per year, 750 medical staff members
- Independent, stable leadership and financials, building program completed in 2015
- Recognized for patient safety and clinical quality by many external organizations

Stony Brook Medicine

- Medical School established 1974
- Hospital opened 1980
- Only academic medical center in Suffolk County, 6 miles from Mather
- 603 beds, Level 1 trauma center, multiple Institutes and Centers
- Multiple collaborative initiatives with Mather Hospital
- Strong GME leadership and prominent national GME presence
Our Internal Medicine Program

- First class started July 1, 2014
- Sponsored by Stony Brook Medicine
- 15 categorical, 4 prelims
- 4 + 2 block schedule
- In-patient Medicine experience under the supervision of Hospitalists who were hired as clinicians and cover 85% of the census of the hospital
- Out-patient resident practices organized by firms, patients transferred from existing practices of physicians specifically hired to be faculty
- In 2015, IM residents were joined in many rotations by residents from a new TY program
The First Year

- First class started July 1, 2014
- Sponsored by Stony Brook Medicine
- 15 categorical, 4 prelims
- 4 + 2 block schedule
- In-patient Medicine experience under the supervision of Hospitalists who were hired as clinicians and cover 85% of the census of the hospital
- Out-patient resident practices organized by firms, patients transferred from existing practices of physicians who were hired because they desired to be faculty
- New hospital space and practice space built and furnished specifically for the program
First Year Highlights

- Great jubilation and fun!
- Lots of enthusiasm

But...

- No senior residents
  - No peer to “show them the ropes”
- One on one relationship with teachers
  - Wide variability in how teaching was conducted
  - Many teachers did what they had experienced during their training.
  - Sometimes a real plus
  - Other times not
- The whole hospital getting used to residents...
  - Old habits
  - Unclear expectations
  - Unforeseen events
  - Consistent boundaries needed
<table>
<thead>
<tr>
<th>What We Thought We Were Doing Right</th>
<th>What We Found Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Big emphasis on Quality and Safety teaching and requirements to do improvement projects</td>
<td>• Too much, too soon</td>
</tr>
<tr>
<td>• Very responsive to resident requests</td>
<td>• Even more discussion and dialogue needed</td>
</tr>
<tr>
<td>• Assumptions that telling the faculty what was expected was enough</td>
<td>• Old habits die hard and training + retraining + retraining necessary</td>
</tr>
<tr>
<td>• We provided readings, noontime lectures, grand rounds and case studies to create an atmosphere of learning</td>
<td>• Not enough!!! Frequent formal testing of knowledge acquisition and accountability for reading needed</td>
</tr>
<tr>
<td>• Dedicated research and publication advisor</td>
<td>• Need more than just a few faculty interested in publishing...needs to be most!</td>
</tr>
</tbody>
</table>
The “Event”

- June 2015
- Certain faculty singled out by residents for difficult teaching tactics
- We realized we needed to focus on faculty skills more than we had
  - Clinical skills and knowledge base seemed adequate
  - The behaviors that distinguish the great teachers were lacking in some
A host of other mid-course corrections!

- Increased MKSAP reviews
- Reintroduced quizzing
- Resident focus groups
- Resident wellness groups
- Restructured Quality and Safety curriculum
- Actively soliciting teachers to become involved in publishable QI or research
- All residents assigned to medical staff committees expected to attend (and given the time to do so)
Teaching the teachers to be great: What we did

- Open discussions: do we all want to/agree to be teachers?
- What are our concerns about being faculty?
- What do we think constitutes excellence in faculty? Serial Brainstorming on:
  - Characteristics
  - Elements of those characteristics
  - Grading of those elements
First Conversations

• Getting over the fallout of “the event”

• Rebuilding relationships, creating a safe environment and atmosphere of trust via a weekly open forum discussion (repetitive iterations because of 7-on/7-off schedule)

• Establishing the vision for hospitalists as teachers and laying out a plan to get there

• Rearranging coverage teams to “reward” for teaching
Getting to the Goal Setting

- First, the reintroduction to the Milestone Project from the ACGME

- Then, a mixed brainstorming session to develop a vision of the characteristics of a “great faculty member”
  - Case study
  - “Private list” technique

- Followed by a ranking session
  - Grouped elements into themes
  - Three votes for each member as to importance
  - Ranked and regrouped
A great teacher/faculty member also demonstrates:

1. Leadership in managing teams
2. Punctuality and other professional behavior
3. Effective communication
4. Clinical skill and medical knowledge
5. Explaining expectations and goals for learners and team members
6. Ability to engage learners/team members
7. Know how to motivate
8. Give both positive and negative feedback
9. Respectful treatment of all team members
10. Accessibility to learners/Approachability
Our First Attempt at Creating Milestones for Teachers

• Four theme areas selected:
  “A great faculty member...”
  ➢ “...has excellent clinical skills and medical knowledge”
  ➢ “...is an excellent communicator”
  ➢ “...demonstrates leadership in managing teams”
  ➢ “...demonstrates professionalism and integrity”

• Five “Milestone” levels
  ➢ Deficient
  ➢ Early career
  ➢ Experienced faculty
  ➢ Role model
  ➢ Aspirational

| A great faculty member demonstrates professionalism and integrity |
|---|---|---|---|---|---|
| Deficient | Early Career | Experienced Faculty | Role Model | Aspirational |
| A great faculty member demonstrates leadership in managing teams |
| Deficient | Early Career | Experienced Faculty | Role Model | Aspirational |
| A great faculty member is an excellent communicator |
| Deficient | Early Career | Experienced Faculty | Role Model | Aspirational |
| A great faculty member has excellent clinical skills and medical knowledge |
| Deficient | Early Career | Experienced Faculty | Role Model | Aspirational |

- Board Certified
- Participates in CME
- Is recognized by patients, families, staff and colleagues as a great clinician
- Teaches to have learners become Board Certified
- Teaches CME
Fleshing It Out

- We struggled with the 5 scoring levels...
  - Lots of questions about “role model” v. “aspirational”
  - Ended up with 4 levels:
    - Deficient
    - Early Career
    - Experienced Faculty
    - Role Model
- We spent several meetings describing the specific associated behaviors that would guide the user in scoring
Our Trial Run

• We distributed 3 sets of milestones rankings for each hospitalist to test the usability of the instrument

• Almost everyone got “role model” status on every category

• ...Back to the drawing board
Our Revision

• We asked for feedback on the project

• Reviewers said that “Deficient” v. “Early Career” v. “Experienced Faculty” clouded their use of the instrument

• We switched these to “Deficiencies Present”, “Progressing Competency”, “Achieving Competency” and “Role Model”

• We decided clinical skills and medical knowledge should be objectively measured, rather than evaluated by staff

• We added directions for filling out the evaluations

• We used the instrument in a 360° model, distributing it to Nursing, Consulting Physicians, Hospitalist Colleagues, Residents, Allied Health Professionals and Pharmacists (3 each for each Hospitalist)

• Nursing Leadership suggested additional free text questions
The Final Product:  (full size version as a separate document)
Dear Colleague,

It is an important career goal for our Hospitalists to develop into expert clinical leaders and teachers. Please help us to evaluate our program by completing this scorecard on the physician indicated. The instrument is only useful if your frank assessment is given. We all like to get straight A’s, but it doesn’t give us a helpful guideline for improvement. So, please let us know what you think and please feel free to add comments. Thanks in advance.

Please return your survey in the attached envelope by May 10. Responses will be kept anonymous.

Thank you,

Michael Tofano, MD
Director of Hospital Medicine

Joan C. Faro, MD, FACP, MBA
Chief Medical Officer
The Final Product:

The one special contribution or aspect the physician brings to the team:

____________________________________________________________________

The one thing the physician is most valued for as a co-worker is:

____________________________________________________________________

The one area I feel the physician could work on or develop to be more effective in their personal performance in the work of our team is:

____________________________________________________________________
Our Results
Survey Responses

• 306 surveys were sent (18 surveys for each of the 17 physicians)

• 161 (52.6%) surveys were returned
## Overall Scores

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Average Overall Score</th>
<th>Total of Compiled Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician A</td>
<td>3.26</td>
<td>12</td>
</tr>
<tr>
<td>Physician B</td>
<td>3.13</td>
<td>8</td>
</tr>
<tr>
<td>Physician C</td>
<td>3.08</td>
<td>8</td>
</tr>
<tr>
<td>Physician D</td>
<td>3.47</td>
<td>11</td>
</tr>
<tr>
<td>Physician E</td>
<td>2.86</td>
<td>11</td>
</tr>
<tr>
<td>Physician F</td>
<td>2.54</td>
<td>8</td>
</tr>
<tr>
<td>Physician G</td>
<td>3.02</td>
<td>11</td>
</tr>
<tr>
<td>Physician H</td>
<td>3.40</td>
<td>7</td>
</tr>
<tr>
<td>Physician I</td>
<td>3.68</td>
<td>13</td>
</tr>
<tr>
<td>Physician J</td>
<td>3.63</td>
<td>9</td>
</tr>
<tr>
<td>Physician K</td>
<td>3.22</td>
<td>9</td>
</tr>
<tr>
<td>Physician L</td>
<td>2.94</td>
<td>8</td>
</tr>
<tr>
<td>Physician M</td>
<td>3.46</td>
<td>12</td>
</tr>
<tr>
<td>Physician N</td>
<td>3.33</td>
<td>8</td>
</tr>
<tr>
<td>Physician O</td>
<td>2.46</td>
<td>8</td>
</tr>
<tr>
<td>Physician P</td>
<td>2.94</td>
<td>8</td>
</tr>
<tr>
<td>Physician Q</td>
<td>3.65</td>
<td>10</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3.18</strong></td>
<td><strong>161</strong></td>
</tr>
</tbody>
</table>
# A great teacher/faculty member is an excellent communicator

<table>
<thead>
<tr>
<th>Evaluating Criteria</th>
<th>Deficiencies Present</th>
<th>Progressing Competency</th>
<th>Achieving Competency</th>
<th>Role Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Proficiency</td>
<td>□ Written communication is difficult to understand, inaccurate or incomplete</td>
<td>□ Clear and complete written and verbal communication</td>
<td>□ Consistently explains expectations of goals for learners and team members</td>
<td>□ Has a full range of communication skills</td>
</tr>
<tr>
<td></td>
<td>□ Very communication is unclear to most recipients</td>
<td>□ Sets expectations appropriately</td>
<td>□ Gives both positive and negative feedback successfully</td>
<td>□ Is often chosen to facilitate difficult interactions</td>
</tr>
<tr>
<td></td>
<td>□ Unable to give negative feedback without intimidation</td>
<td>□ Uses “teach-back” or similar principles in clarifying communications</td>
<td>□ Engages learners and patients in productive dialogue to create a positive dynamic and develop relationships</td>
<td>□ Successfully does presentations that are well-received by audience</td>
</tr>
<tr>
<td></td>
<td>□ Doesn’t make an effort to communicate and update all team members</td>
<td>□ Able to successfully give negative and positive feedback under most circumstances</td>
<td>□ Does presentations</td>
<td>□ Uses a variety of venues and methods to repeatedly communicate information, ensuring all team members are engaged</td>
</tr>
</tbody>
</table>

| Overall Scoring (Check One) | □ | □ | □ | □ | □ | □ |

Comments
Sample Distribution of Communicator Scores

Physician Name

Physician A 25% 25% 17% 17% 18% 27%
Physician D 25% 18% 18% 27% 18% 36%
Physician E 17% 27% 18% 9% 9% 36%
Physician G 8% 9% 18% 27% 9% 38%
Physician I 25% 25% 17% 17% 18% 38%
Physician M 33% 27% 18% 9% 18% 54%
# A great teacher/faculty member demonstrates leadership in managing teams

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
<th>Deficiencies Present</th>
<th>Progressing Competency</th>
<th>Achieving Competency</th>
<th>Role Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Does not present him/herself as a leader</td>
<td>□ Able to engage learners and team members</td>
<td>□ Consistently level-headed and approachable</td>
<td>□ Always composed</td>
</tr>
<tr>
<td></td>
<td>□ Is vague about team goals</td>
<td>□ Is motivated</td>
<td>□ Cares about team dynamics</td>
<td>□ Concerned for team members above self</td>
</tr>
<tr>
<td></td>
<td>□ Does not engage members of the team – works more in isolation, doesn’t understand team dynamics</td>
<td>□ Is usually well prepared</td>
<td>□ Is able to motivate and has a well thought out plan</td>
<td>□ Provides vision that is inspirational to team members</td>
</tr>
<tr>
<td></td>
<td>□ Does not come to the table prepared</td>
<td></td>
<td>□ Organized</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Doable plan</td>
<td></td>
</tr>
</tbody>
</table>

| Overall Scoring (Check One) | | | | |
|-----------------------------| | | | |

| Comments | | | | |

**Evaluating Criteria**

- Consistently level-headed and approachable
- Cares about team dynamics
- Is able to motivate and has a well thought out plan
- Organized
- Doable plan
- Always composed
- Concerned for team members above self
- Provides vision that is inspirational to team members
Sample Distribution of Team Management Scores

Doctor Name

- Physician A: 8% 8%
- Physician D: 9% 18%
- Physician E: 9% 27%
- Physician G: 9% 27%
- Physician I: 23% 23%
- Physician M: 8% 17%

Percentage of Responses

Physician A: 33% 25% 25%
Physician D: 36% 36% 36%
Physician E: 36% 27% 27%
Physician G: 36% 27% 27%
Physician I: 54% 50% 50%
Physician M: 25% 17% 17%
<table>
<thead>
<tr>
<th>Evaluating Criteria</th>
<th>Deficiencies Present</th>
<th>Progressing Competency</th>
<th>Achieving Competency</th>
<th>Role Model</th>
</tr>
</thead>
</table>
|                     | □ Usually reacts to stress with little restraint  
□ Has frequent outbursts in public situations  
□ Intimidates staff  
□ Often is disrespectful of patients or families or staff  
 | □ Treats patients, families, colleagues and staff with respect and dignity most of the time, even during times of disagreement  
□ Demonstrates empathy most of the time, always remembering that patients are scared and vulnerable and that staff may be intimidated  
□ Keeps patients’ perspectives in mind  
 | □ Teaches and models principles of respect and dignity  
□ Usually is self-restrained and self-regulated. May sometimes lose composure under stress  
 | □ Always shows self-restraint and self-regulation in demeanor, even under stress  
□ Is able to guide learners in ways to connect with patients and demonstrate empathy  
□ Always is self-restrained and self-regulated  
□ Doctor of choice for colleagues and other professionals  

Overall Scoring (Check One)  
□  □  □  □  □  □  □  □  □  

Comments
Sample Distribution of Professionalism Scores

Doctor Name

Physician A
Physician D
Physician E
Physician G
Physician I
Physician M

Percentage of Responses

- 17%
- 18%
- 9%
- 27%
- 18%
- 15%
- 8%
- 25%
- 31%
- 36%
- 36%
- 36%
- 27%
- 27%
- 55%
- 54%
- 50%
- 50%

Sample Distribution of Professionalism Scores

- 1.00
- 1.50
- 2.00
- 2.50
- 3.00
- 3.50
- 4.00
Submitted Surveys by Reviewer Position

<table>
<thead>
<tr>
<th>Reviewer Position</th>
<th>Count of Submitted Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Professional</td>
<td>51</td>
</tr>
<tr>
<td>Consulting Physician</td>
<td>5</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>32</td>
</tr>
<tr>
<td>Not Specified</td>
<td>6</td>
</tr>
<tr>
<td>Nurse/Nurse Manager</td>
<td>17</td>
</tr>
<tr>
<td>Resident- PGY 1</td>
<td>40</td>
</tr>
<tr>
<td>Resident- PGY 2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>161</strong></td>
</tr>
</tbody>
</table>
Distribution of Team Management Scores by Reviewer Position

Percentage of Responses

Reviewer Position

Allied Health Professional
Consulting Physician
Hospitalist
Not Specified
Nurse/Nurse Manager
Resident- PGY 1
Resident- PGY 2

Distribution

1.00 1.50 2.00 2.50 3.00 4.00

Percentage of Responses

0 0.1 0.2 0.3 0.4 0.5 0.6

Allied Health Professional
Consulting Physician
Hospitalist
Not Specified
Nurse/Nurse Manager
Resident- PGY 1
Resident- PGY 2
Distribution of Professionalism Scores by Reviewer Position

Legend:
- 1.00
- 1.50
- 2.00
- 2.50
- 3.00
- 3.50
- 4.00

Reviewer Position:
- Allied Health Professional
- Consulting Physician
- Hospitalist
- Not Specified
- Nurse/Nurse Manager
- Resident- PGY 1
- Resident- PGY 2

Percentage of Responses
- 4% 24%
- 20% 35%
- 6% 16%
- 3% 47%
- 6% 28%
- 24% 33%
- 5% 12%
- 10% 24%
- 8% 6%
- 10% 29%
- 25% 35%
- 50% 40%
What We Learned

• The weekly sessions were valuable in ways other than the development of an evaluation tool

• The process of developing this tool was one of exploration and bonding within a group of colleagues that had otherwise not taken place. Tangential concerns were surfaced and addressed.

• We needed to unbundle the use of the tool from any consequences, financial or personal, to the individuals
Conclusions

• There was variability demonstrated across our teaching faculty in the three areas of competency evaluated

• Different reviewer types had varying scoring profiles

• Areas for improvement were identified for all categories, but communication and team management had the most opportunity
Next Steps

• Each Hospitalist will receive individual reports on their evaluation results.

• Formal curriculum on communication and leadership skills over the next 12 months for every member of the Hospitalist team.

• The *Medical Staff Code of Conduct and Excellence* has been developed by a Committee on Promoting Physician Excellence that outlines expectations for behavior by members of the medical staff. A process for having every member sign an attestation of acceptance at appointment and reappointment has been approved by the MEC and a process for reporting both excellence and opportunity for improvement has been instituted.

• Further development of the Milestone Evaluation Tool will take place using iterative discussions and similar strategies for gathering data will be repeated every six months.

• The tool will be introduced to the ambulatory-based faculty.

* included as a separate document
Questions
Thank you!

My Contact Information:

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