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# Surgical Feedback Evaluation Tool for Resident Physicians

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**HENRY FORD  
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# SURGICAL FEEDBACK EVALUATION TOOL FOR RESIDENT PHYSICIANS

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# AIM

- **Problem Statement:** Currently, residents of surgical specialties lack effective and efficient feedback assessment tools to improve surgical performance after surgical cases.
- **Improvement Statement:** Our aim is to increase the rate of attending surgeon assessments of resident surgical performance to at least 75% of cases for the Podiatric Surgery and General Surgery residency programs at Henry Ford Wyandotte Hospital.
- This will be accomplished by using the **Surgical Performance Evaluation Tool (SPET)**, with at least 70% perceived positive impact in the post-implementation survey after a 1-month PDSA cycle.

# METHODS

- Institutional Review Board approval through Timothy Roehrs, PhD. Chair of the Henry Ford Health System IRB.
- Residents and attendings completed separate pre-implementation online survey to identify the baseline rate and quality of resident surgical performance feedback and what perceived positive impact this feedback may have.
- The SPET was then utilized in paper format for a 1-month long PDSA cycle. Surgical performance feedback evaluations were handed to attending surgeons by residents, filled out immediately post-operatively and handed directly back to the resident.
- The residents then compiled this data into collecting bins in their respective call rooms for future analysis
- Post-implementation online surveys were then administered to residents and attendings

# SURGICAL PERFORMANCE EVALUATION TOOL



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## Surgical Performance Evaluation

Resident: \_\_\_\_\_ PGY: \_\_\_\_\_

Procedure: \_\_\_\_\_

**To evaluator:** Please assign a numerical rating to each of the following categories:

**Motivation:** Punctuality and attendance. Capacity to accept and respond to criticism. Ability to work independently and with staff and peers. Sense of responsibility. Willingness to improve. Leadership ability. Attitude.

N/A  1-Deficient  2-Below Avg  3-Competent  4-Above Avg  5-Exceptional

**Pre-Operative Plan:** Gathers/assesses required information to reach diagnosis and determine correct procedure required, including clinical and radiographic evaluation.

N/A  1-Deficient  2-Below Avg  3-Competent  4-Above Avg  5-Exceptional

**Case Preparation:** Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications. Ability to apply dressings and casts. Knowledge of post-operative care.

N/A  1-Deficient  2-Below Avg  3-Competent  4-Above Avg  5-Exceptional

**Surgical Preparation:** Understands steps of procedure, potential risks, and means to avoid/overcome them. Knowledge of anatomy. Ability to make an incision. Skill at dissecting and suturing. Knowledge of surgical instrumentation including internal and external fixation and skill level handling them.

N/A  1-Deficient  2-Below Avg  3-Competent  4-Above Avg  5-Exceptional

**Efficiency & Motion:** Obvious planned course of procedure with economy of movement and flow.

N/A  1-Deficient  2-Below Avg  3-Competent  4-Above Avg  5-Exceptional

# ATTENDING SURVEYS

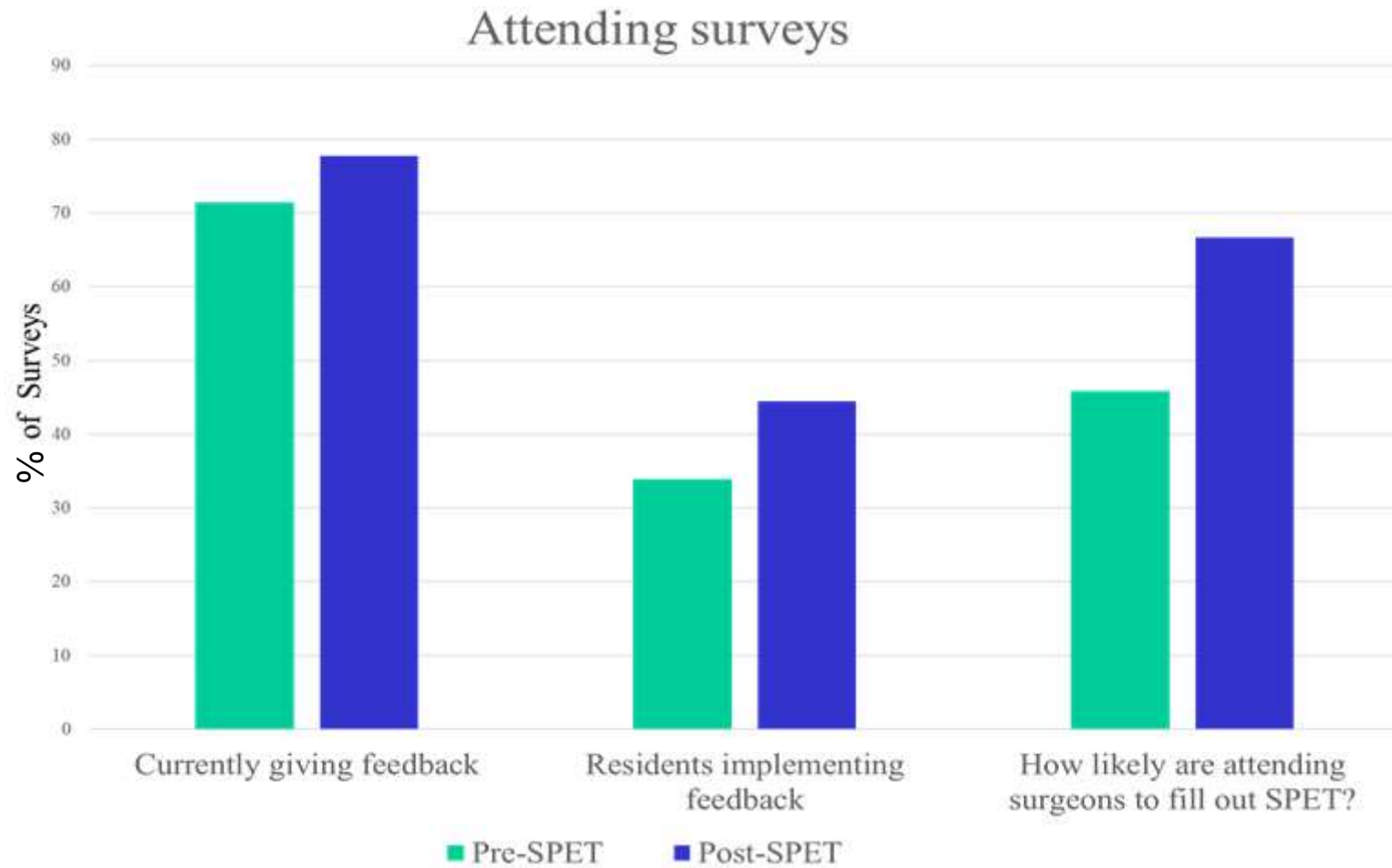
	Pre-SPET (%)	Post-SPET (%)
Currently giving feedback?	71.43	<b>77.78</b>
Residents implementing feedback?	33.89	<b>44.44</b>
How likely are attending surgeons to fill out?	45.83	<b>66.67</b>

# RESIDENT SURVEYS

	Pre-SPET(%)	Post-SPET(%)
Percentage of residents receiving feedback?	33.33	<b>50</b>
Percentage of cases receiving feedback on?	29.17	<b>38.89</b>
Receiving feedback promptly?	73.04	<b>82.11</b>
Evaluations of high quality, thorough and accurate?	40.63	<b>50</b>
Perceived positive impact on performance & professional development?	39.58	<b>58.33</b>
Percentage of residents reviewing their feedback evaluations:	93.75	<b>100</b>

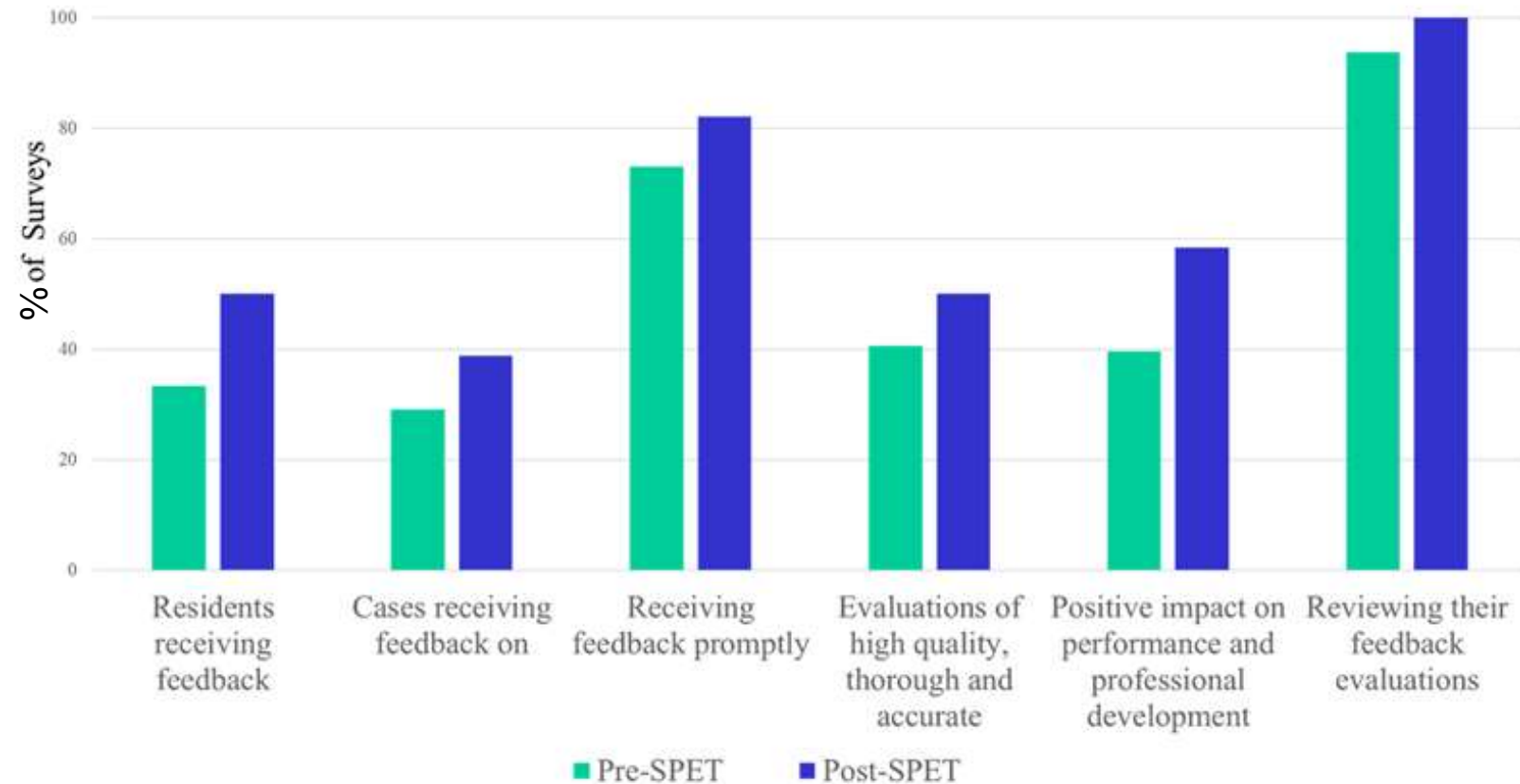


# RESULTS



# RESULTS

## Resident Surveys



# CONCLUSIONS

- The implementation of the SPET demonstrated an increase in the amount, quality, and review of feedback being given to surgical residents.
- Most importantly, the largest improvements were in the likelihood for attendings to provide feedback, and that feedback leading to a positive perceived impact on performance.
- Although, quicker and more efficient than current models, voluntary compliance for implementing a new assessment tool is difficult to maintain.
- Based on these findings, if compliance can be further improved via incentivized responses, that our goal of 70% of perceived positive impact can be achieved.
- The quality of evaluation categories and subcategories will be explored and modified as needed with each new PDSA cycle to ensure a high perceived positive impact from both residents and attendings through the results of the pre- and post-implementation surveys.

# REFERENCES

- Kobraei EM<sup>1</sup>, Bohnen JD, George BC, Mullen JT, Lillemoe KD, Austen WG Jr, Liao EC. Uniting Evidence-Based Evaluation with the ACGME Plastic Surgery Milestones: A Simple and Reliable Assessment of Resident Operative Performance. *Plast Reconstr Surg*. 2016 Aug;138(2):349e-57e. doi: 10.1097/PRS.0000000000002411.
- MacEwan MJ<sup>1</sup>, Dudek NL<sup>2</sup>, Wood TJ<sup>3</sup>, Gofton WT<sup>4</sup>. Continued Validation of the O-SCORE (Ottawa Surgical Competency Operating Room Evaluation): Use in the Simulated Environment. *Teach Learn Med*. 2016;28(1):72-9. doi: 10.1080/10401334.2015.1107483.
- Qassemyar Q<sup>1</sup>, Boulart L<sup>2</sup>. A 4-task skills examination for residents for the assessment of technical ability in hand trauma surgery. *J Surg Educ*. 2015 Mar-Apr;72(2):179-83. doi: 10.1016/j.jsurg.2014.10.006. Epub 2014 Dec 10.
- Santos EG<sup>1</sup>, Salles GF<sup>1</sup>. Construction and validation of a surgical skills assessment tool for general surgery residency program. *Rev Col Bras Cir*. 2015 Nov-Dec;42(6):407-12. doi: 10.1590/0100-69912015006010.
- Toprak A<sup>1</sup>, Luhanga U<sup>2</sup>, Jones S<sup>3</sup>, Winthrop A<sup>4</sup>, McEwen L<sup>5</sup>. Validation of a novel intraoperative assessment tool: The Surgical Procedure Feedback Rubric. *Am J Surg*. 2016 Feb;211(2):369-76. doi: 10.1016/j.amjsurg.2015.08.032. Epub 2015 Nov 17.