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Surgical Feedback Evaluation Tool for Resident Physicians

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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

Henry Ford Wyandotte Hospital

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/asses 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-SPET (%)</th>
<th>Post-SPET (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently giving feedback?</td>
<td>71.43</td>
<td>77.78</td>
</tr>
<tr>
<td>Residents implementing feedback?</td>
<td>33.89</td>
<td>44.44</td>
</tr>
<tr>
<td>How likely are attending surgeons to fill out?</td>
<td>45.83</td>
<td>66.67</td>
</tr>
</tbody>
</table>
## Resident Surveys

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

Attending surveys

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-SPET</th>
<th>Post-SPET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently giving feedback</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Residents implementing feedback</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>How likely are attending surgeons to fill out SPET?</td>
<td>35%</td>
<td>45%</td>
</tr>
</tbody>
</table>
RESULTS

Resident Surveys

<table>
<thead>
<tr>
<th>Survey Category</th>
<th>Pre-SPET</th>
<th>Post-SPET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents receiving feedback</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Cases receiving feedback on feedback</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Receiving feedback promptly</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Evaluations of high quality, thorough and accurate</td>
<td>35</td>
<td>45</td>
</tr>
<tr>
<td>Positive impact on performance and professional development</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Reviewing their feedback evaluations</td>
<td>50</td>
<td>70</td>
</tr>
</tbody>
</table>
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


