

Trainee Evaluations of Attendings Provide Global Assessments

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Introduction: Trainee evaluations of attendings are important aspects of anesthesia training programs. These evaluations may be used as a way of giving trainees a sense of voice, providing feedback to improve attending teaching and providing feedback to the chair. Some programs provide a financial reward for attendings with better teaching scores. A common technique is to use a survey scored on a Likert scale. To determine if our evaluation surveys assessed the different aspects of attending teaching, five years of surveys from rotating residents and pediatric anesthesia fellows were examined.

Methods: Trainee responses to surveys from 1998 through 2002 were obtained anonymously from a central resource. Each survey consisted of five questions scored on a 0 (unsatisfactory) to 10 (outstanding) scale and represented one resident evaluating one attending. Fellows completed evaluation surveys twice during their fellowship year and rotating residents completed surveys at the completion of their 1 to 3 month rotations. Trainees were permitted not to complete a survey if they felt that they had insufficient interaction with the attending. The five items in the survey were 1) availability, 2) personal characteristics, 3) case-related teaching, 4) didactic teaching and 5) overall contribution to your development as a physician and anesthesiologist. Each item had an explanatory note defining the item. Space was provided for additional comments. The spreads between the highest and lowest responses on individual surveys were evaluated descriptively. Comparison of the response to "overall contribution to your development" to the average of the five scores was evaluated by bivariate fit.

Results: 5678 surveys were analyzed. Approximately half of these surveys came from residents rotating from 1 to 3 months and half came from fellows doing a one-year pediatric anesthesia fellowship. The spread = 0 on 2048 surveys, indicating that the scores of all 5 questions were the same number (e.g. 9,9,9,9,9). The spread = 1 on 1930 sheets, indicating that the scores of all 5 questions were separated by no more than 1 number (e.g. 8,9,9,9,9 or 8,8, 9,9,9). 59 surveys had a spread of of greater than 5. The spreads of all the surveys are shown in the Figure. Bivariate analysis comparing the response "overall contribution" to the average of the five scores had an $R^2 = .90$.

Discussion:

- 1) Our evaluation system appears to provide global assessment of attendings instead of critical feedback about discrete characteristics. Global assessments may not provide attendings with useful feedback. Further, attendings who intuit this global assessment process may be likely to modify behavior to improve their evaluation scores. This modification (such as withholding negative feedback and evaluation) may not be in trainees' best interests.
- 2) The response to "overall contribution to your development as a physician and anesthesiologist" provides an accurate one item global assessment.

