U.S. Dermatology Faculty Evaluation by Residents: Results of a National Survey

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Abstract: Although the Accreditation Council for Graduate Medical Education (ACGME) requires regular resident evaluation of faculty, little is known about the process. The program directors of 112 ACGME-accredited dermatology residency programs were mailed a twenty-item survey and asked to return a blank copy of any evaluation form(s) used to evaluate faculty at their program. Eighty-seven percent returned the completed survey (97/112) and 48% (54/112) returned copies of the faculty evaluation forms used. Approximately two-thirds of respondents were residency directors (63%) and one-third department chairs or section heads (33%). Ninety-six percent reported that residents evaluated dermatology faculty, and the vast majority (92%) had residents evaluate faculty anonymously. Evaluations were most often a paper form distributed to resident mailboxes (33%) or an electronic form sent to resident email accounts (29%). Only 4 programs used different forms to evaluate faculty in different dermatology subspecialties (e.g. dermatopathology vs pediatric dermatology). The most common components of the evaluations asked residents to rate faculty teaching (50/54), to fill in any additional comments about the faculty member (50/54), and to rate faculty availability/accessibility (40/54). Faculty evaluations by residents were most frequently regarded as somewhat important (67%) or very important (18%) for faculty promotion. Survey respondents’ additional comments cited the increasing importance of faculty evaluations in influencing promotions and improving teaching, the critical necessity for assuring residents’ anonymity, and concern regarding the possible negative impact of invalid assessments.

Keywords: medical education, faculty evaluation.

INTRODUCTION

Resident evaluations of faculty remain the most prevalent and consistent method used to assess teaching effectiveness [1, 2]. Because faculty evaluations enhance teaching and improve faculty performance [1, 3] the Accreditation Council for Graduate Medical Education (ACGME) requires the following [4]:

- At least annually, the program must evaluate faculty performance, as it relates to the educational program.
- These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- This evaluation must include at least annual written confidential evaluations by the residents.

Very little is known regarding evaluation form content, specificity and usefulness. The aim of our study was to describe program resident faculty evaluation methods (e.g. frequency, distribution, and anonymity), communication of results, and the perceived importance of these evaluations for faculty promotion.

METHODOLOGY

Survey Instruments

This study (protocol 06-0494) was approved by the Colorado Multiple Institutional Review Board. A twenty-item survey was created by investigators addressing the content of faculty evaluation forms (Fig. 1). A dermatopathology lab group composed of 6 people created the survey. The group met in a focus session once per week for nine weeks. The survey was revised each time. The survey was piloted by the program director at the University of Colorado Health Sciences Center, and feedback was utilized to further modify the survey. The survey was voluntary and anonymous. Respondents were informed in an introductory letter that responses would not be individually identified.

Study Population

Dermatology programs and their directors within the United States were identified from online listings at www.acgme.org/adspublic/default.asp. Program directors of the 112 ACGME
Please answer the following questions regarding overall dermatology faculty performance evaluations.

1. Do dermatology residents in your program evaluate dermatology faculty? 96 responses (missing data=1):
   __No (skip to question #18) 2 (2%)
   __Yes 94 (98%)
   *All percentages rounded

2. How long have dermatology residents evaluated dermatology faculty at your institution? 95 responses (missing data=2):
   __Less than 1 year 2 (2%)
   __1 to less than 3 years 8 (8%)
   __3 to less than 5 years 15 (16%)
   __5 to less than 10 years 23 (24%)
   __10 years or longer 43 (45%)
   __Unknown 4 (4%)

3. Who developed the form(s) dermatology residents use to evaluate dermatology faculty? 97 responses, 140 answers:
   __Department Chair/Section Head 38 (27%)
   __Residency Program Director 61 (44%)
   __Other Dermatology faculty member 14 (10%)
   __Unknown 7 (5%)
   __Other 20 (14%)

4. Has the form(s) ever been modified? 95 responses (missing data=2):
   __No (skip to question #7) 21 (22%)
   __Yes 69 (73%)
   __Unknown 5 (5%)

5. How many times has the form(s) been modified? 75 responses (missing data=22):
   __Once 14 (19%)
   __Twice 23 (31%)
   __Three times 8 (11%)
   __More than three times 14 (19%)
   __Unknown 16 (21%)

6. Approximately when was the evaluation form(s) last modified? 76 responses (missing data=21):
   __Within the last year 26 (34%)
   __One to three years ago 36 (47%)
   __More than three years ago 5 (7%)
   __Unknown 9 (12%)

7. Are identical forms used for all dermatology faculty regardless of their subspecialty within dermatology? 95 responses (missing data=2)
   __The same form is used 91 (96%)
   __Different forms are used 4 (4%)
   If yes, how many different evaluation forms are used? 2, 3, 5

8. Which areas of faculty emphasis have separate customized evaluations? (check all that apply)
   __Medical dermatology 3
   __Pediatric dermatology 2
   __Cosmetic dermatology 2
   __MOHS surgery 2
   __Dermatopathology 4
   __Dermatoepidemiology 0
   __Research faculty 0
   __Other 0

9. How frequently are dermatology residents given the dermatology faculty evaluation form(s)? 97 responses, 98 answers
   __Once per year 50 (51%)
   __Twice per year 32 (33%)
   __Three times per year 3 (3%)
   __Four or more times per year 8 (8%)
   __Other 5 (5%)

10. How is the faculty evaluation form(s) distributed to dermatology residents at your institution? 97 responses, 104 answers
    __Paper form to residents' mailboxes 34 (33%)
    __Paper to the residents at a meeting 11 (11%)
    __Email 30 (29%)
    __Other 29 (28%)
accredited dermatology residency programs were asked to complete the twenty-item survey by mail, and return it along with a blank copy of the evaluation form(s) used to evaluate faculty at their program. Surveys and follow-up letters were mailed up to three times to non-responding programs. Data collection began June 1, 2006 and ended October 18, 2006.

**Statistical Analysis**

Survey data were entered into a Microsoft Access database and statistical analyses were conducted using SAS version 9.1 (SAS Institute, Cary, NC) software. Evaluation components were compiled (EL and LU) independently, entered into Microsoft Excel spreadsheets and each compo-
RESULTS

Survey Responses

A high response rate was obtained: 97 of the 112 selected ACGME-accredited programs returned the completed survey (87%), Table 1 and Fig (1). Approximately two-thirds of respondents were residency directors (62%) and one third were chairs or section heads (33%). Only 2 programs reported that residents do not evaluate the dermatology faculty. Ninety-two percent of programs have residents complete the forms anonymously. The distribution of the evaluations to the residents was most often a paper form distributed to resident mailboxes (33%) followed by electronic forms sent to resident email accounts (29%). Four programs reported using different forms to evaluate faculty in different dermatology subspecialties (e.g. dermatopathology vs pediatric dermatology). Fifteen percent of respondents said that faculty evaluations by residents were not important for faculty promotion; 67% somewhat important; 18% very important. Twenty nine respondents filled in additional comments. These comments frequently discussed the importance of the evaluations and guaranteeing anonymity, and issues affecting evaluation validity (Table 2).

Table 1. Summarized Results, Number of Responses/All Answers (%)*

<table>
<thead>
<tr>
<th>Survey response</th>
<th>97/112 (87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank copy of evaluation form(s) submitted</td>
<td>54/112 (48)</td>
</tr>
<tr>
<td>Survey completed by:</td>
<td></td>
</tr>
<tr>
<td>Chair/section head</td>
<td>41/125 (33)</td>
</tr>
<tr>
<td>Residency director</td>
<td>79/125 (63)</td>
</tr>
<tr>
<td>Other</td>
<td>5/125 (04)</td>
</tr>
<tr>
<td>Residents evaluate faculty</td>
<td>94/96 (98)</td>
</tr>
<tr>
<td>Same evaluation forms are used for all faculty</td>
<td>91/95 (96)</td>
</tr>
<tr>
<td>Frequency of evaluations per year:</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>50/98 (51)</td>
</tr>
<tr>
<td>Twice</td>
<td>32/98 (33)</td>
</tr>
<tr>
<td>Thrice</td>
<td>3/98 (03)</td>
</tr>
<tr>
<td>Quarterly</td>
<td>8/98 (08)</td>
</tr>
<tr>
<td>Surveys are completed anonymously</td>
<td>87/95 (92)</td>
</tr>
<tr>
<td>Evaluation distribution:</td>
<td></td>
</tr>
<tr>
<td>Paper form</td>
<td>45/104 (44)</td>
</tr>
<tr>
<td>Email</td>
<td>30/104 (29)</td>
</tr>
<tr>
<td>Someone reviews the evaluations with the faculty member</td>
<td>72/93 (77)</td>
</tr>
<tr>
<td>Who reviews evaluations with faculty:</td>
<td></td>
</tr>
<tr>
<td>Chair/section head</td>
<td>59/97 (61)</td>
</tr>
<tr>
<td>Residency director</td>
<td>33/97 (34)</td>
</tr>
<tr>
<td>Importance of evaluations for promotion:</td>
<td></td>
</tr>
<tr>
<td>Very important</td>
<td>14/78 (18)</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>52/78 (67)</td>
</tr>
<tr>
<td>Not important</td>
<td>12/78 (15)</td>
</tr>
</tbody>
</table>

*Denominators reflect multiple answers possible on select questions.

DISCUSSION

This study demonstrates that residents anonymously evaluate dermatology faculty in almost all dermatology programs without consideration of faculty subspecialty within dermatology. The majority of respondents identified these evaluations as somewhat or very important (85%) for determining faculty promotion.

Anonymity concerned many respondents. Some stated that residents might fear retribution for rating a teacher poorly, especially in programs with a smaller numbers of residents. Indeed, previous research has shown that faculty evaluation outcomes differ when performed openly vs anonymously, and that anonymous evaluations demonstrate more internal consistency [5].

A practical, task-oriented approach has been suggested for promoting program evaluation compliance with require-
Faculty evaluations carefully exploring resident perceived deficiencies may foster improvement in these areas.

Internet portals may make evaluation more user-friendly and ACGME requirement compliance easier. Twenty nine percent distributed evaluation forms to residents using email while 26% used a web-based evaluation system like E*Value (https://www.e-value.net/index.cfm) or New Innovations (http://www.new-innov.com/) for the distribution and collection of the forms. Web-based evaluation systems can offer anonymity with greater convenience while preserving high response rates [11,12].
While our study provides one of the most expansive descriptions of resident evaluation of faculty in the literature, it was nonetheless limited by 48% of respondents returning the actual forms residents use to evaluate dermatology faculty. Resident evaluations of faculty provide valuable feedback (that influences teaching and promotion) to faculty and residency program leaders. Current evaluations however might benefit from better tailoring to faculty subspecialization; to provide better feedback evaluations should be specific to faculty subspecialty (e.g. dermatopathology, medical dermatology, Mohs surgery, pediatric dermatology, dermatopneumology, cutaneous biology research, dermatopneumology, procedural dermatology, etc). Faculty evaluations would also benefit from more uniform assessment of faculty enthusiasm and professionalism, subjects addressed by a minority (48% and 39% respectively) of the evaluation forms we received.

Our study was also limited to programs in the USA; further studies might compare these practices with resident evaluation of faculty in other countries. Further work should also examine evaluation practices from the perspective of the faculty and residents involved.

Table 3. Frequency of Evaluation Components

<table>
<thead>
<tr>
<th>Evaluation Component</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>50 (93)</td>
</tr>
<tr>
<td>Other comments</td>
<td>50 (93)</td>
</tr>
<tr>
<td>Availability/Accessibility</td>
<td>40 (74)</td>
</tr>
<tr>
<td>Knowledge</td>
<td>37 (69)</td>
</tr>
<tr>
<td>Patient Care/Clinical Skill</td>
<td>32 (59)</td>
</tr>
<tr>
<td>Role Model</td>
<td>31 (57)</td>
</tr>
<tr>
<td>Feedback</td>
<td>30 (56)</td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>26 (48)</td>
</tr>
<tr>
<td>Professionalism</td>
<td>21 (39)</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>19 (35)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

U.S. dermatology residents commonly evaluate their faculty members. These evaluations influence faculty promotion and affect teaching, and require resident anonymity to best assure valid assessments.

ABBREVIATIONS

ACGME = Accreditation Council for Graduate Medical Education

ACKNOWLEDGEMENTS

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Dr. Dellavalle had full access to the data and takes responsibility for its integrity and the accuracy of the analysis. Preliminary results were presented in poster format at the 65th annual meeting of the American Academy of Dermatology, Washington, DC, February 2-6, 2007. Final results were presented at the Dermatology Teachers Exchange Group Meeting at the 66th Annual Meeting of the American Academy of Dermatology in San Antonio, Texas, on Friday February 1, 2008.

Authors’ Contribution

All authors revised the manuscript and approved the final version submitted. Additionally

EL analyzed data.
CN developed the survey, collected and analyzed data and wrote the initial draft.
SRF developed the survey, collected and analyzed data
DC developed the survey, collected and entered data.
LU analyzed data.
RPD developed the survey, conceived and supervised the study.

REFERENCES