

The 360° Evaluation

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WHAT?

“360° evaluations consist of measurement tools completed by multiple people in a person’s sphere of influence. Evaluators completing rating forms in a 360° evaluation usually are superiors, peers, subordinates, and patients and families.”

ACGME Toolbox Document 2000

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WHO?

Faculty

- most traditional source of trainee feedback
- broadest perspective on work requirements

Caveats:

- Limited observation
- “best behavior” phenomenon

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WHO?

Peers

- interact most closely with trainee
- unique perspective

Caveats:

- small numbers – hard to insure anonymity
- reliability of peer assessment variable
- uncomfortable to judge peers

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WHO?

Self

- provide insight into self-esteem and self awareness
- improve communication between faculty and trainee
- developmental focus of self assessment is a key factor

Caveats:

- reliability variable
- some trainees prefer private reflection.

WHO?

Subordinates

- very effective at evaluating interpersonal and communication skills
- best assessment of functioning as a multidisciplinary team member

Caveats:

- need 5-10 subordinates for reliable data
- must have sufficient interaction with trainee

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WHO?

Patients

- best assessment for some competencies
- made trainees more conscious of how they interact with patients

Caveats:

- for reliability 20-50 patients/trainee suggested(!)
- language/cultural issues

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WHY?

- Emphasizes accountability to the system as a whole
- Provides multiple perspectives that may facilitate behavior changes
- Advances self awareness providing clarity on areas of strength/weakness

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WHY?

- **ACGME recommended tool** for:
 - Professionalism
 - Interpersonal and Communication skills

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WHY?

- **ACGME recommended tool** for some aspects of:
 - Patient care
 - Systems Based Practice
- **ACGME recommended “potentially applicable” tool** for some aspects:
 - Medical knowledge
 - Practice Based Learning

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ACGME-ABMS Year-Status
 American College of Surgeons
 Version 1.1, September 2010

ACGME Competencies: Suggested Best Methods for Evaluation

Competency	Required Skill	Evaluation Methods												
		Annual Review	360° Peer Review	Chart Audit	Global Rating	AP	OSCE	Simulations & Models	360° Patient Rating	Post-Test	Exam MCQ	Exam OSCE	Procedure or Case Log	Patient Survey
Patient Care	Caring and respectful interactions			3		1				2				1
	Collaborating			1		2	1		3					
	Informed decision-making		1	2				3				2		
	Develop & carry out Management Plans	2	1	2	3			2	3					
	Counsel & educate pt's & families			3		1	1		2					1
	Performance of procedures: a) Routine physical exam			2		1	1							
	b) Medical procedures			1	3			1	2				3	
	Preventive health services	1				2	1			3			2	
	Work within a team			3	3				1					

Ratings are 1 = the most desirable; 2 = the next best method; and, 3 = a potentially applicable method.
 Number of American Medical Association Council on Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS), Version 1.1.

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WHEN?

Variable – programs vary from using the 360° for each rotation to annually

Caveat: Avoid survey fatigue

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HOW?

Decide on an instrument

- Custom designed by professional specializing in 360° evaluation
- Self custom design
- Adapt/borrow existing forms

Design of questionnaires

- For patients, questions that ask for agreement with statements about care considered more reliable than rating scales
- Including comment section can add information

UT SOUTHWESTERN MEDICAL SCHOOL
DEPARTMENT OF PEDIATRICS

GUIDELINES FOR CO-WORKERS TO USE CO-WORKER QUESTIONNAIRE

The Department of Pediatrics is continuing to integrate the ACGME (Accreditation Council for Graduate Medical Education) basic competencies into the Residency Program. The attached tool is one of the evaluation tools that the Program is using as part of the 360-degree evaluation. As co-workers, you can provide insights on a resident's performance that may not be apparent to the teaching faculty, so that additional guidance and mentoring can be provided to those individuals. Likewise, if someone is doing well, this feedback can be given to that resident and recorded. For these reasons, please give serious consideration to these evaluations and complete the Co-Worker Questionnaire as requested.

Thank you for your cooperation and assistance with this project.

Instructions: Please complete the Co-Worker Questionnaire and return to the program director in the enclosed envelope.

All evaluations will be kept strictly confidential.

UT SOUTHWESTERN MEDICAL SCHOOL
DEPARTMENT OF PEDIATRICS
CO-WORKER QUESTIONNAIRE

Assessed Resident's Name: _____ Date: _____

Your Job:

How well do you know this physician? (Select One)

Not at all Not Well Somewhat Well Very Well

Interpretation of the Rating Scale: Rate the physician on the following performance statements according to the scale below. The items listed are a variety of phrases, concepts, functions, and all the following items must be relevant to you. If any of the items are **not** relevant to you, mark them "NA". Your responses will remain confidential.

	Excellent	Very Good	Good	Fair	Poor	NA
1. Communicates effectively with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates effectively with other health providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Writes orders, notes and prescriptions that are clear and legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respects the professional knowledge and skills of co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Responds in a timely manner when paged or called.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accepts responsibility and accountability for professional actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains confidentiality of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Completes medical charting in timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shows sensitivity and respect for gender and cultural differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments (optional):

CONFIDENTIAL

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DEPARTMENT OF PEDIATRICS**

GUIDELINES FOR RESIDENTS TO USE RESIDENT SELF-ASSESSMENT FORM

The Department of Pediatrics is continuing to integrate the ACGME basic competencies into the Residency Program. The attached tool is one of the evaluation tools that our program is using as part of the 360-degree evaluation. Infrequently you will be asked to complete an assessment of yourself to help you identify your own strengths and weaknesses. In addition, at times, your peers and other co-workers will be asked to complete an evaluation on you. Your assessment of self will be discussed along with other evaluations of your performance.

Instructions: You will be expected to complete this Self-Assessment Form and return it to the program director no later than _____. He prepared to discuss with your mentor any aspects that might contribute to your personal growth and professional development.

Please rate yourself based on your understanding of your own strengths and weaknesses as you see them.

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RESIDENT SELF-ASSESSMENT FORM

Name _____ PGY _____ Date _____

For each of the physician behaviors listed, please rate (1-5) yourself according to the scale below.

	Excellent	Very Good	Marginal	Unsatisfactory
1. Communicate effectively with patients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicate and collaborate effectively with other healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I perform technical procedures skillfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I demonstrate safe and appropriate judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I critically assess diagnostic information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I assess quality medical research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I respect the professional knowledge and skill of co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I measure confidentiality of patients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am involved with my professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I manage personal stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I accept responsibility and accountability for my professional actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I complete forms, medical charting, or administrative matters in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I respond in a timely manner when paged or called.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I take initiative and provide leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I direct my work knowing agents and am able to think and work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I show sensitivity and respect for gender and cultural differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I display high ethical standards, integrity and honesty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

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HOW?

- **Distribution method**
 - Web-based entry
 - Paper forms
- **Schedule**
 - Consider survey fatigue
- **Select participants**
 - Consider numbers
 - Anonymity is essential!

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HOW?

- **Feedback**
 - Summation of data
 - transcript of comments
 - rank order
 - comparison of data sets
 - faculty training

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THE DARK SIDE OF 360°

- Time consuming
- Does it really add information?
- Statistical qualities uncertain
- Some participants found process hurtful or threatening

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HOWEVER.....

- Feasible
- May provide important developmental and programmatic information
- Fulfills some **ACGME** requirements

Good Luck!

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