

Nursing Perspectives on Resident Evaluations

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Background & Purpose

Well-designed, valid assessment tools are key components of graduate medical education programs to measure resident progress towards competence. Ideally, program directors collect assessment data from various sources to gain a full understanding of a resident's progress, including faculty evaluations at the end of a shift or a rotation, simulation assessments, direct observation tools, procedure assessments, and feedback from other members of the healthcare team. In fact, the ACGME requires that all residency programs include multisource feedback as part of their residents' evaluation.

Several authors have established the feasibility and effectiveness of multisource feedback. At the same time, programs have struggled with barriers to successful implementation including reliability, lack of constructive feedback, cultural issues, and bias. Bias was noted most frequently by gender and also against international medical graduates. For nursing evaluations, in particular, several logistical questions remain unresolved such as electronic vs. paper forms, anonymity of evaluator, and timing of evaluation. We sought to collect emergency department nurse perspectives on evaluating residents using focus groups.

Methods

Grady trauma center emergency nurses were invited to sign-up for a focus group with 5-6 of their peers via a recruitment email. Snowball sampling was employed, encouraging those who enrolled to encourage others to do so as well. Focus groups were conducted on Zoom, recorded, and automatically transcribed by Zoom. Transcripts were edited for accuracy and clarity by the PI and then anonymized.

The PI, who had been trained in qualitative methods and focus group leadership conducted semi-structured interviews together with one non-resident co-PI, asking follow-up questions as needed. Real time checking was employed to ensure clarity of responses.

Study personnel then iteratively developed a coding library based on a grounded theory approach. Subsequent focus groups were conducted similarly and transcripts analyzed using the coding library until saturation of themes had been reached.

Twelve of 40 trauma nurses enrolled in the study. Of those, 8 participated in three focus groups, 1 of which due to scheduling difficulties was an individual interview. All were female, 7 worked day shift, and half were charge nurses. Mean years of experience as a nurse was 6.6.

Results

Coding of the final transcripts is still in process which will be followed by thematic analysis.

Preliminary analysis indicates that nurses are excited about the ability to contribute to resident education and development for several reasons including improvement of both patient care and the doctor-nurse relationship.

Nurses felt they have a unique vantage point of the doctor-patient relationship and communication within the healthcare team as well as leadership skills.

Barriers that nurses foresee include nursing motivation, competing responsibilities, and a worry of consequences or reprisal.

Nurses offered several suggestions to overcome logistical challenges.

Additionally, nurses welcomed a dynamic of mutual feedback where residents also evaluate nurses.

Conclusion

We have elicited important nursing perspectives on opportunities and barriers related to implementing nursing evaluations of residents.

These results will inform the development of future assessment tools and processes for use in the Emory Emergency Medicine residency program.

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