

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 dermatoeidemiology 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

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§The first two authors contributed equally to this work; name order was randomly assigned.

Please answer the following questions regarding overall dermatology faculty performance evaluations.

1. Do dermatology residents in your program evaluate dermatology faculty?

<input type="checkbox"/> No (skip to question #18)	96 responses (missing data=1):
<input type="checkbox"/> Yes	2 (2%)
	94 (98%)
	*All percentages rounded

2. How long have dermatology residents evaluated dermatology faculty at your institution?

<input type="checkbox"/> Less than 1 year	95 responses (missing data=2):
<input type="checkbox"/> 1 to less than 3 years	2 (2%)
<input type="checkbox"/> 3 to less than 5 years	8 (8%)
<input type="checkbox"/> 5 to less than 10 years	15 (16%)
<input type="checkbox"/> 10 years or longer	23 (24%)
<input type="checkbox"/> Unknown	43 (45%)
	4 (4%)

3. Who developed the form(s) dermatology residents use to evaluate dermatology faculty?

<input type="checkbox"/> Department Chair/Section Head	97 responses, 140 answers:
<input type="checkbox"/> Residency Program Director	38 (27%)
<input type="checkbox"/> Other Dermatology faculty member	61 (44%)
<input type="checkbox"/> Unknown	14 (10%)
<input type="checkbox"/> Other _____	7 (5%)
	20 (14%)

4. Has the form(s) ever been modified?

<input type="checkbox"/> No (skip to question #7)	95 responses (missing data=2)
<input type="checkbox"/> Yes	21 (22%)
<input type="checkbox"/> Unknown	69 (73%)
	5 (5%)

5. How many times has the form(s) been modified?

<input type="checkbox"/> Once	75 responses (missing data=22)
<input type="checkbox"/> Twice	14 (19%)
<input type="checkbox"/> Three times	23 (31%)
<input type="checkbox"/> More than three times	8 (11%)
<input type="checkbox"/> Unknown	14 (19%)
	16 (21%)

6. Approximately when was the evaluation form(s) last modified?

<input type="checkbox"/> Within the last year	76 responses (missing data=21)
<input type="checkbox"/> One to three years ago	26 (34%)
<input type="checkbox"/> More than three years ago	36 (47%)
<input type="checkbox"/> Unknown	5 (7%)
	9 (12%)

7. Are identical forms used for all dermatology faculty regardless of their subspecialty within dermatology?

<input type="checkbox"/> The same form is used	95 responses (missing data=2)
<input type="checkbox"/> Different forms are used	91 (96%)
If yes, how many different evaluation forms are used? _____	4 (4%)
	2,2,3,5

8. Which areas of faculty emphasis have separate customized evaluations? (check all that apply)

<input type="checkbox"/> Medical dermatology	3
<input type="checkbox"/> Pediatric dermatology	2
<input type="checkbox"/> Cosmetic dermatology	2
<input type="checkbox"/> MOHS surgery	2
<input type="checkbox"/> Dermatopathology	4
<input type="checkbox"/> Dermatoepidemiology	0
<input type="checkbox"/> Research faculty	0
<input type="checkbox"/> Other _____	0

9. How frequently are dermatology residents given the dermatology faculty evaluation form(s)?

<input type="checkbox"/> Once per year	97 responses, 98 answers
<input type="checkbox"/> Twice per year	50 (51%)
<input type="checkbox"/> Three times per year	32 (33%)
<input type="checkbox"/> Four or more times per year	3 (3%)
<input type="checkbox"/> Other _____	8 (8%)
	5 (5%)

10. How is the faculty evaluation form(s) distributed to dermatology residents at your institution?

<input type="checkbox"/> Paper form to residents' mailboxes	97 responses, 104 answers
<input type="checkbox"/> Paper to the residents at a meeting	34 (33%)
<input type="checkbox"/> Email	11 (11%)
<input type="checkbox"/> Other _____	30 (29%)
	29 (28%)

(Fig. 1) contd.....

11. How are the dermatology faculty evaluation form(s) collected from dermatology residents at your institution?
97 responses, 102 answers
- | | |
|---|----------|
| <input type="checkbox"/> Placed into a collection box | 6 (6%) |
| <input type="checkbox"/> Given to a designated staff member | 45 (44%) |
| <input type="checkbox"/> Electronically saved | 38 (37%) |
| <input type="checkbox"/> Other _____ | 13 (13%) |
12. Are the dermatology resident evaluations of dermatology faculty completed anonymously?
95 responses (missing data=2)
- | | |
|--|----------|
| <input type="checkbox"/> Never | 3 (3%) |
| <input type="checkbox"/> Always | 87 (92%) |
| <input type="checkbox"/> Sometimes (please specify when) _____ | 5 (5%) |
13. Does the evaluated dermatology faculty member receive a summary of the results of the completed evaluations?
94 responses (missing data=3)
- | | |
|--|----------|
| <input type="checkbox"/> Never | 4 (4%) |
| <input type="checkbox"/> Always | 76 (81%) |
| <input type="checkbox"/> Sometimes (please specify when) _____ | 14 (15%) |
14. Does anyone review the dermatology resident evaluation results with the dermatology faculty member?
93 responses (missing data=4)
- | | |
|--|----------|
| <input type="checkbox"/> No (skip to question #18) | 21 (23%) |
| <input type="checkbox"/> Yes | 72 (77%) |
15. Who reviews the dermatology resident evaluation results with the dermatology faculty member? (Check all that apply)
97 responses (missing data=0)
- | | |
|--|----------|
| <input type="checkbox"/> Department Chair/Section Head | 59 (61%) |
| <input type="checkbox"/> Residency Program Director | 33 (34%) |
| <input type="checkbox"/> Other (please specify) _____ | 5 (5%) |
16. How are the results of the dermatology faculty evaluations discussed with the faculty at your program? (Check all that apply)
89 responses (missing data=8)
- | | |
|--------------------------------------|----------|
| <input type="checkbox"/> In person | 72 (81%) |
| <input type="checkbox"/> By e-mail | 2 (2%) |
| <input type="checkbox"/> By phone | 2 (2%) |
| <input type="checkbox"/> Other _____ | 13 (15%) |
17. How important are the dermatology resident evaluations in determining promotion of the dermatology faculty?
78 responses (missing data=19)
- | | |
|---|----------|
| <input type="checkbox"/> Very important | 14 (18%) |
| <input type="checkbox"/> Somewhat important | 52 (67%) |
| <input type="checkbox"/> Not important | 12 (15%) |
18. What is your current position?
97 responses, 125 answers
- | | |
|---|----------|
| <input type="checkbox"/> Chair/Section Head | 41 (33%) |
| <input type="checkbox"/> Residency Program Director | 79 (63%) |
| <input type="checkbox"/> Other _____ | 5 (4%) |
19. How long have you held your current position?
96 responses (missing data=1)
- | | |
|---|----------|
| <input type="checkbox"/> Less than one year | 7 (7%) |
| <input type="checkbox"/> 1 to less than 5 years | 39 (41%) |
| <input type="checkbox"/> 5 to less than 10 years | 23 (24%) |
| <input type="checkbox"/> 10 to less than 20 years | 19 (20%) |
| <input type="checkbox"/> 20 years or longer | 8 (8%) |
20. Please provide any comments or concerns you have regarding the process of dermatology resident evaluation of dermatology faculty at your institution:

Fig. (1). Questionnaire *with results in italics.*

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-

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

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

*Denominators reflect multiple answers possible on select questions.

ment's frequency was tabulated. Discrepancies were resolved by consensus.

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).

Evaluations

Fifty four respondents returned the faculty evaluation forms used by residents in their programs. The ten most common evaluation components are presented in Table 3. 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).

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-

Table 2. Additional Comments Regarding the Process of Dermatology Resident Evaluation of Dermatology Faculty

1.	Because of the emphasis on "outcomes" these evaluations are taken more seriously and more efforts are made to make sure evaluation processes are taking place.
2.	An additional faculty/program evaluation is conducted once a year by the GME office. Reports are issued to the program.
3.	Our evaluations are a numerical score of 1-5 and residents rank various criteria and may also list comments. I am concerned that some residents are less discriminatory and rank everyone highly across the board. Others are more critical. I believe the averages of the scores can however be a reflective measure of a faculty's performance.
4.	Dermatology residents do not evaluate dermatology faculty individually, however, residents make comments about specific faculty on the annual anonymous questionnaire they complete concerning the residency program's strengths and weaknesses.
5.	Resident comments and evaluation of faculty are confidential and seen only by the chair and involved faculty member.
6.	Evaluations are going to all be online per ACGME.
7.	E*value (https://www.e-value.net/index.cfm) has limited the ability to edit the comment section. I am concerned that sharing unconstructive criticism will devalue the utility of the resident's evaluation. I have noticed over time that if the date evaluations are due coincides with some unfortunate event, they can be badly biased. However, it is too complex to do more than once yearly.
8.	We use E*value (https://www.e-value.net/index.cfm).
9.	Anonymity is key to accurate reviews.
10.	Form does not adapt to various levels of faculty commitment to residents (clinical teaching only vs attendance/participation in didactics).
11.	Residents are refreshingly candid in their individual evaluations which are compiled into an anonymous composite.
12.	Given the size and nature of our residency program, you may wish to exclude my responses from your survey.
13.	We are re-evaluating the process and are also being encouraged to use a university based electronic system which is web based "New Innovations".
14.	No matter how anonymously it is done, the residents are always concerned re: faculty knowing the author of evaluations and some kind of retribution. Can be used to make cheap jabs at good faculty.
15.	Our residents vote annually by secret ballot (majority required) to select the outstanding dermatology teacher and present a certificate to the selectee at our graduation dinner. This teaching award is highly regarded by our university appointments, promotion and tenure committee. The faculty awardee's name is placed on a commemorative plaque in the dermatology conference room.
16.	I believe the resident eval of derm faculty is important and very worthwhile, because it gives us feedback about the perception of how the resident thinks we are functioning as a teacher. Our residency is very small so it is somewhat difficult for anonymity to be complete, but we do have a couple of faculty who are less interested in teaching and this eval may be particularly useful for them.
17.	Resident evaluations of faculty are typically highly complimentary. We take this as a positive sign. We would like even more suggestions for improvement.
18.	Getting them to complete them, and since we are a small program, they are probably afraid to be completely honest.
19.	Our resident's main concern was that they would be singled out for a bad evaluation by the faculty member involved, however, this has not been proven to be a problem. Faculty have been respectful and responsive to the evaluation. The overall program evaluation is reviewed by everyone in faculty meeting, and changes made as appropriate. We always have a chief resident at all our faculty meetings for input and representation.
20.	Anonymous, does give useful information to faculty, is given some importance in promotion.
21.	These are truly anonymous. Residents do rate staff freely. Some residents take the evaluation more seriously than others. Some just rate with same score for all staff- others put more time into it. Staff do want to know their scores and many make a serious effort to improve their scores each year.
22.	True anonymity is key in my view. Our residents are usually honest, and the faculty and residents take these very seriously.
23.	It's a work in progress.
24.	We will be moving to an internet-based system in the next 6 months. Residents need a voice and this is one of many ways we listen to them. We hope that all evaluations (residents, faculty, staff, peer, patient) help each person improve.
25.	Minimal impact.
26.	It is necessary to assess performance.
27.	As you can imagine, anonymity is difficult with only 6 residents.
28.	Faculty promotion mainly based on publications even though promotion committee would vehemently deny it.
29.	Surveys are annoying, sorry!

ments for faculty evaluation [6]. Such an approach includes attention to evaluation needs, methods, focus, documentation, and result presentation to key constituents. Faculty and resident involvement in developing the evaluation process at each step will better assure successful outcomes. Dermatology residents cite a lack of mentoring, role models, and career guidance as reasons for losing interest in an academic dermatology career [7]. Canadian dermatology residents have expressed the desire for more teaching and mentoring from faculty [8], and US dermatology residents reported greater satisfaction with more faculty involvement [9, 10].

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, dermatoepidemiology, cutaneous biology research, dermatoepidemiology, 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

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

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

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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.

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