

# The International Council of Ophthalmology 360-degree assessment tool: development and validation

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## ABSTRACT •

**Background:** The Accreditation Council for Graduate Medical Education and other organizations recommend 360-degree assessments for evaluation of interpersonal and communication skills, professional behaviours, and some aspects of patient care and system-based practice. No such tool has been developed for ophthalmology or received international content validation.

**Objective:** To develop a valid, internationally applicable, ophthalmology-specific 360-degree assessment tool.

**Design:** Exploratory study.

**Methods:** A literature review was conducted. Individual 360-degree evaluation items from several publications were catalogued and classified according to different groups of assessors. A panel of international authors reviewed the list and voted on items that were most appropriate for international use. The list was trimmed to reduce redundancy and to make it as brief as possible while still capturing the essential components for each category. A second panel of international ophthalmic educators reviewed the international applicability and appropriateness of this collated list; relevant comments and suggestions were incorporated.

**Results:** A tool for the evaluation of interpersonal and communication skills, professionalism, and system-based practice was developed. The tool has face and content validity.

**Conclusion:** This assessment tool can be used internationally for giving formative feedback based on the opinions of the different groups of people who interact with residents.

The need to assess medical competence has recently driven the development of tools that provide a more valid evaluation of many aspects of medical competence. Accrediting bodies and organizations around the world have recommended the use of multisource (also called 360-degree) assessment tools to provide physicians in training (e.g., residents) with feedback about how they are performing and, consequently, to improve their performance.

The 360-degree assessments of residents consist of questionnaires that are completed by groups of assessors who have interacted with residents (e.g., peer residents, patients, medical students, coworkers—nurses, technicians). Recent publications recommend the use of 360-degree assessments as particularly good for the evaluation of what are commonly called the “soft” competencies, that is, those that are more subjective to assess (e.g., interpersonal and communication skills and professionalism).<sup>1–4</sup>

The International Council of Ophthalmology (ICO) has defined as part of its mission “to enhance ophthalmic education to improve eye care and contribute to the preservation and restoration of vision around the world.”<sup>5</sup> To fulfil this commitment, the ICO offers educational programs and initiatives to invigorate and support ophthalmic education, especially in developing countries. As part of these initiatives, the ICO, in conjunction with its member national societies and supranational societies, has organized several Residency Program Director Courses and

Regional Conferences for Educators around the world (over 50 meetings in the last decade), which gather ophthalmic educators to discuss, inform, and receive training on modern educational strategies and tools.

Informal requests for internationally valid assessment tools have led to the development of surgical skill rubrics designed to more objectively assess and teach a variety of surgical skills. These tools were created by international panels of experts and are known as the ICO-Ophthalmology Surgical Competency Assessment Rubrics (ICO-OSCARs).<sup>6–10</sup> They have been translated into multiple languages and are available at the ICO Center for Ophthalmic Educators web site ([www.educators.icoph.org](http://www.educators.icoph.org)). Similar requests for a globally applicable multisource assessment tool designed specifically for ophthalmologists in training stimulated the creation of the ICO 360-degree assessment tool. The purpose of this study is to describe how this tool was developed and validated.

## METHODS

A literature review on 360-degree assessments in the health professions was conducted, and publications relevant to ophthalmology were selected by the authors, 5 ophthalmologists on the ICO Education Committee practicing in different backgrounds (Argentina, India, Portugal, and the United States). All members of the panel have more than 10 years of experience in residents’ education.

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The group developed a spreadsheet, consisting of 1 page of questions for each assessing audience (peers; coworkers—technicians, nurses, and other nonmedical coworkers; patients; and faculty). Each page had a column with the competency, a column for the expected attributes of each competency (as defined by the Accreditation Council for Graduate Medical Education [ACGME] of the United States), and a column with a list of questions to evaluate each attribute, collated from literature recommendations and examples. Questions varied according to the assessing audience (i.e., different questions for peers, patients, coworkers, and faculty) and were collated from literature recommendations.<sup>11–17</sup>

In order not to make questionnaires too lengthy, redundant and/or irrelevant questions and examples were eliminated by consensus until each questionnaire had 10–15 items, 4–6 about professionalism, 4–6 about interpersonal and communication skills, and 2–3 about system-based practice.

A 5-point Likert-type scale of frequency, with 5 = always, 4 = often, 3 = sometimes, 2 = rarely, 0 = never, was added for rating, as well as an option to select “not applicable/I can’t answer.”

A second panel of 9 international experts in education was asked to review the tool, with the objective of providing feedback about the applicability of the tool and the appropriateness of the questions to a variety of countries and cultures. The panel consisted of ophthalmologists from Australia, India, Spain, Tunisia, Turkey, the United Kingdom, and the United States; all had at least 10 years of experience with residency training. The panel was asked to answer 4 questions: (i) Are the questions clearly defined? (ii) Are we missing something important? (iii) Do you think we need to change/delete any questions? If we do, why? (iv) Would this tool be potentially applicable to your setting/region? If not, why? They were also invited to provide comments and suggestions.

The study was considered free of ethical objections by the Hospital Italiano de Buenos Aires Ethics in Research Committee.

## RESULTS

A 360-degree assessment tool consisting of 4 sets of questions to evaluate professionalism, interpersonal and communication skills, and some components of system-based practice was developed. Each set of questions was tailored to be used by different groups of assessors (resident peers, coworkers, patients, and faculty) (Appendix 1, available online).

The panel of international experts who reviewed the tool considered it appropriate and applicable in different settings, countries, and cultures. All reviewers also found the questions to be clearly defined. The panel’s comments and suggestions were incorporated. Several panelists felt

that more illustrative examples were needed to improve rater objectivity (i.e., while observing trainees in practice). Examples were thus included throughout the tool. The question for patients, “Doctor treated you like you were on the same level; never ‘talked down’ to you or treated you like a child” (extracted from the American Board of Internal Medicine Patient Form), was particularly controversial to the majority of reviewers, who considered it very variable among different cultures and potentially misleading. The authors therefore changed it to “Did the doctor make you feel comfortable during consultation?” and added a few examples that explained the question.

## DISCUSSION

Historically coming from the business sector, the 360-degree (multisource) feedback is gaining acceptance in health professions as a tool to evaluate those competencies that are challenging to assess with traditional proctored faculty instruments.<sup>18</sup> The 360-degree assessment tools offer the advantage of evaluators representing the full spectrum of people with whom physicians interact, thus providing a more complete picture of the resident’s behaviours, especially those behaviours that residents do not show in simulated or proctored observed assessments. For instance, how does the resident behave in the middle of the night when on-call? How does the resident interact with staff he or she might deem as subordinate? Indeed, Probyn et al<sup>19</sup> developed a multisource (360 degree) tool to provide residents with feedback regarding professionalism and communication skills. Interestingly, but not surprisingly, an attending physician was more likely to rate a resident higher than a secretary or program assistant. This emphasizes the importance of obtaining information about professionalism and communication skills from someone other than the resident’s supervisor. The questions and examples in this tool may also serve as a base of behavioural criteria and set of expectations for residents to achieve.<sup>20</sup>

The 360-degree assessments’ validity, reliability, and feasibility have been demonstrated in several studies.<sup>4,12,18,20–29</sup> Recommendations to increase validity include the use of this tool to evaluate more subjective competencies such as professionalism, interpersonal and communication skills, and certain aspects of system-based practice. The ACGME and the American Board of Ophthalmology recommend its use in ophthalmology for the assessment of the achievement of all the milestones in all the competencies, with the exception of medical knowledge.<sup>30</sup>

Several studies describe how 360-degree feedback improved physicians and residents’ assessment and consequent competence<sup>21,31–34</sup> and that this method of assessment is usually well accepted by raters<sup>35</sup> and ratees,<sup>13,20,36,37</sup> especially when confidentiality is

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