Background

It is well documented that feedback is integral to medical education1-2 and electronic evaluations have become routine for learners and faculty to assess performance of superiors, peers, and learners. Some studies have described the development of web-based evaluation systems and even shown improvement in evaluation completion after transitioning to electronic forms1-5. These studies assume that the electronic evaluations are superior to paper forms due to convenience, cost, and decreased waste. Didactics and other routine educational conferences in medical education have variable evaluation methods and evaluations, which are largely unstudied.

Goals and Objectives

Given the expansion of electronic systems at OHSU, we decided to transition from paper to electronic evaluation forms for Primary Care Ambulatory Topic (PCAT). We believed electronic evaluation forms would be easier to complete, take less time to finish, and be more convenient for residents given they could be done based on availability. We hypothesized that electronic evaluations would lead to increased response rate for PCATs.

Methods

We used an explanatory to exploratory sequential mixed methods research design to address our hypothesis. Paper PCAT evaluations were standard until March 2017 when we transitioned to electronic forms via MedHub. The format of the evaluation was unchanged and feedback remained anonymous. We tracked evaluation response rates for four months before and four months after the transition. We then used a constructivist grounded theory approach and conducted focus groups for qualitative data collection.

Results

The average response rate was 73% (29%-100%) for paper and 31% (5%-74%) for electronic forms. During focus groups, residents identified two thematic categories for evaluation completion: barriers and facilitators.

Barriers:
- Survey fatigue
- Difficulty navigating MedHub

Facilitators:
- Immediate survey completion after session
- Reminder to evaluate session from the teacher
- Presence of peers and teachers during evaluation

When asked to state a preference for electronic or paper PCAT evaluation forms, 92% (35/38) of focus group participants preferred returning to paper forms. Two participants preferred electronic forms and one did not have a preference.

Impact and Discussion

Our program attempted to streamline evaluations of our ambulatory didactics by transitioning from paper to electronic forms. We expected to see an increase in the number of evaluations completed due to improved ease of completion and decreased time to completion. Instead, we witnessed a paradoxical effect with decreased number of evaluations by a significant margin. Based on our analysis of the response rates before and after transitioning to electronic evaluations and our understanding from the focus groups with residents, we identified several barriers and facilitators for residents to complete evaluations of didactic sessions. If electronic systems are used, they should be streamlined with as few “clicks” as possible. Delivering evaluations immediately after each session and verbally requesting that residents complete them may also increase completion rates.