Resident Well-being and Clinical Teaching Assessments

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Authors' Reply. Dr. Jackson raises important concerns regarding “retaliatory evaluations,” which he reports have occurred frequently at his own institution. We agree that this issue has seldom been addressed in the literature. Nonetheless, Ende observed that potential causes for not delivering feedback to learners are that constructive comments may elicit negative emotional reactions, damage teacher-learner relationships, or harm teachers’ reputations.¹ He concluded that despite the risk of unintended effects, providing feedback to learners is necessary, valuable, and effective when done properly. Moreover, Stone et al. studied the impacts of anonymity and retaliation on student evaluations of faculty performance, and found that professors were rated more positively by students who signed their evaluations compared with those who submitted anonymous evaluations.²

Although we appreciate Dr. Jackson’s concern, our experience with retaliatory evaluations has been somewhat different. At the Mayo Clinic, faculty evaluations are identifiable and immediately available to residents, but resident evaluations are anonymous and embargoed for 6 months before being sent to faculty. Within our internal medicine residency program, there is a standard process for identifying and reviewing retaliatory evaluations. Over the past 5 years, approximately 30,000 resident-of-faculty assessments have been entered into our electronic evaluation system, yet this process has identified only 147 (<0.5%) possible cases of retaliatory evaluations by residents, involving just 7 of 650 (1%) faculty members. We would also underscore that while residents’ psychological characteristics could potentially influence their assessments of faculty, our study found no significant associations between residents’ assessments of faculty and resident quality of life, burnout, or depression, and only a modest association with resident empathy.³

We believe that the threat of retaliatory evaluations by learners can be minimized by providing effective feedback. A

strategy to reduce the likelihood for resentment among residents might include checking in with them to assure that personal issues are not masquerading as clinical deficiencies; providing early, frequent, and formative feedback during clinical experiences to allow opportunities for residents to improve;⁴ and offering face-to-face encounters after rotations so that learners have the occasion to give feedback to teachers, which may expose unrecognized connections between teachers’ deficiencies and learners’ suboptimal performances.

Finally, we emphasize the power differential that exists between faculty teachers and learners, which makes learners a vulnerable population. Consequently, to protect learners, it is important to ensure that teacher-of-learner evaluations be transparent and that learner-of-teacher evaluations be anonymous and protected.

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