Improving formative feedback in PCCM fellowship

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Background & Purpose

Feedback has been established to be a powerful mechanism to improve learning and performance in medical education (1). In past 2 ACGME surveys of the pulmonary and critical care fellows (PCCM) at Emory University only 68-69% of fellows were satisfied with feedback they received, which is below the national average of 78%.

The purpose of this project is to define the scope and specific elements of the problem and identify ways to improve feedback.

Specific overall goals:
1. Improve fellow’s satisfaction with feedback
2. Improve the quality of feedback
3. Gain insight into current feedback practices in our program.

Methods

This quality improvement project consists of 4 phases:

1. Identifying the problem and generating solutions:
   - An anonymous survey was sent electronically to all pulmonary and critical care faculty members (n=20) to determine the quantity and quality of the feedback that they receive and the elements that they are satisfied and dissatisfied with (Table 1).
   - A separate anonymous survey was sent electronically to all clinical pulmonary and critical care faculty members (n=65) to determine their own practices and attitudes toward feedback.
   - A focus group made up of 8 fellows from different levels of training was formed and the results of the fellow survey were reviewed and discussed. An action plan for improvement was created, containing short term, medium term and long term solutions which were faculty, fellow and program based respectively.

2. Implementing solutions one at a time
3. Studying the effect of each implementation
4. Deciding which solutions to keep or modify

Identifying problems:

The response rate to the fellow’s survey was 80%. The survey validated the results of the ACGME survey in that 69% of the respondents reported being satisfied with the feedback they currently receive. Combining the survey results and the focus group discussions, the following problems were identified:

1. Fellows rarely set specific learning goals and seek feedback from their attendings (Figure 1)
2. Fear that discussing weaknesses will affect their evaluation (Figure 2)
3. Feedback is too broad and does not include specific examples and actionable goals
4. Short contact times with attendings affect their ability to give meaningful feedback (Figure 2)

The response rate to the faculty survey was 61.5%. The faculty responses confirmed that fellows rarely sought feedback, that short contact time with fellows was affecting their ability to give feedback. Sixty percent of faculty felt comfortable or very comfortable with giving feedback, and reported regularly giving specific and actionable feedback, however, only 40% of them were satisfied with the quality of the feedback they gave. Eighty percent of faculty would like further training to improve their feedback skills.

Generating Potential Solutions:

The focus group generated the following possible solutions:

1. Faculty development about how to give effective feedback in the form of spaced education: weekly emails with tips for effective feedback
2. Fellowship education about differences between formative feedback and summative feedback

Results

Table 1: Initial PCCM/fellow survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often did you discuss ACGME goals and expectations for the rotation you were working with</td>
<td>29% of the time, 60% of the time, 10% of the time, 1% of the time</td>
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<td>When you did receive feedback, how often did you find out the things that you did well?</td>
<td>29% of the time, 60% of the time, 10% of the time, 1% of the time</td>
<td>29% of the time, 60% of the time, 10% of the time, 1% of the time</td>
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<tr>
<td>How often did you discuss the feedback you received cont. specific, actionable advice about how to improve your performance?</td>
<td>29% of the time, 60% of the time, 10% of the time, 1% of the time</td>
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</table>

Figure 1: Percent of feedback sessions initiated by the fellow

Figure 2: Major barriers to fellows seeking feedback

Figure 3: Percent of the fellows report that feedback they received contained specific, actionable advice

Discussion

Although our interventions to improve the quality of feedback are just starting and their effect is yet to be determined, this exercise has highlighted a real need for faculty development in the art of giving feedback.

Another interesting observation that came from the focus group is the misperception of the fellows about the long term impact of the written evaluations on their careers. This has highlighted the need for more transparency about the process of summative feedback in fellowship training, and the role of the clinical competency committee and the program director.

Medium term solutions (will be implemented in 2 months):

1. Develop a platform to allow fellows to generate specific goals for core rotations and share them with their attendings. The intended goal is to facilitate a conversation and establish the expectation of feedback.

Long term solutions (Implementation timeframe TBD):

1. Generate a core rotation curriculum with specific learning goals geared toward fellow training level
2. Explore additional faculty development courses
3. Explore possibility of changing rotation blocks to a minimum 2-week rotation on most core rotations

Conclusion

References

1. Feedback in Clinical Medical Education. JAMA 250(6):777-81
2. Spaced education improves the feedback that surgical residents give to medical students: a randomized trial. The American Journal of Surgery (2009) 197, 252-257