

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:

i-- An anonymous survey was sent electronically to the all pulmonary and critical care fellows (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).

ii- 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.

iii- 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. A list of potential barriers to feedback was generated and solutions were 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

Table 1. Initial PCCM fellows' survey	
Q1	How often did you discuss YOUR goals and expectations for the rotation with each attending you were working with >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q2	How often did you discuss your attending's expectations with him/her at the beginning of the rotation. >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q3	How often did you receive any formative feedback from an attending during your clinical rotations? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q4	When you did receive feedback, how often was the feedback session initiated by your attending? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q5	When you did receive feedback, how often was the feedback session initiated by you? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q6	When you did receive feedback, how often did it point out the things that you did well? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q7	When you did receive feedback, how often did it point out when your performance needed improvement? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q8	How often did the feedback you received contain specific, actionable advice about how to improve your performance? >80% of the time, 60-79% of the time, 30-59% of the time, 10-29% of the time, <10% of the time
Q9	WHEN was feedback given? (check all that apply) At end of the rotation Closely following the observed clinical performance After the end of the attending's time with you Other, please specify
Q10	HOW was feedback given (check all that applies) Verbally By email By text message On the written evaluation only
Q11	I am satisfied with the quality of the feedback I receive from my attending Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
Q12	I have improved my performance based on feedback I have received from my attendings Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
Q13	I am able to provide feedback about my attendings Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
Q14	I feel nervous about receiving feedback because(fill in the blank)
Q15	I don't find feedback helpful because(fill in the blank)
Q16	I wish feedback could be more(fill in the blank)
Q17	My best learning comes when feedback is(fill in the blank)
Q18	The following are the major barriers to my seeking feedback from my attendings (check all that apply) Time constraints from high clinical load Attending availability/contact time Attending approachability Attending interest

Table 1. Initial survey of PCCM fellows. In the faculty survey, questions 1 to 11 and 14,15 and 18 were identical. There were additional questions about prior feedback training and comfort with feedback.

Results

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)

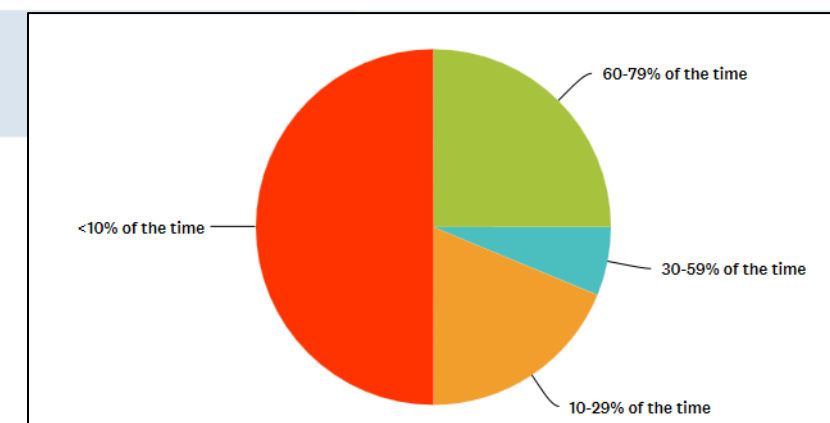


Figure 1- Percent of feedback sessions initiated by the fellow

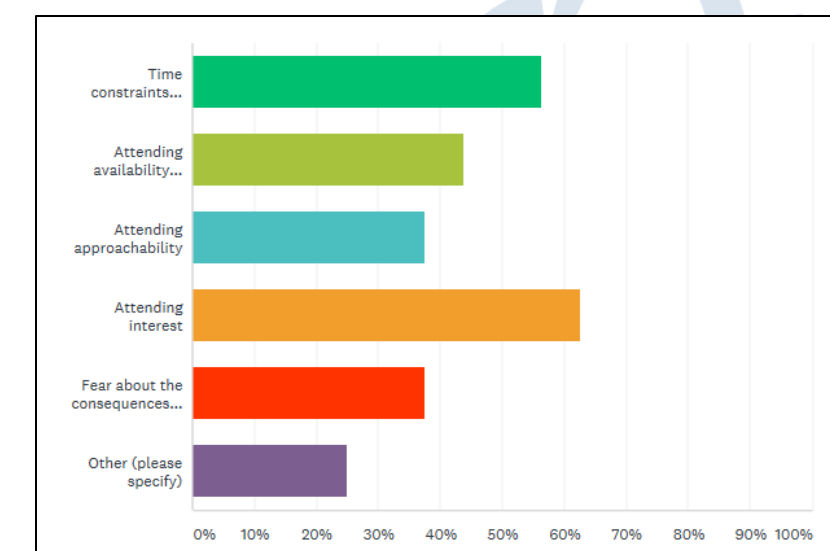


Figure 2- Major barriers to fellows seeking feedback

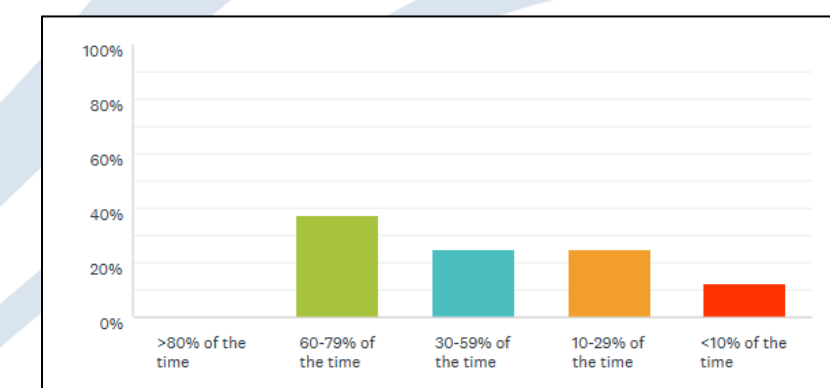


Figure 3- Percent of time fellows report that feedback they received contained specific, actionable advice

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:

Short term solutions (being currently implemented):

- 1- Faculty development about how to give effective feedback in the form of spaced education: weekly emails with tips for effective feedback (2)

- 2- Fellow education about difference between formative feedback and summative feedback

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

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.

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