Improving the Quality and Quantity of Feedback to Faculty in a Family Medicine Residency Program

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BACKGROUND

- Feedback is a complex and integral aspect of medical education.[1,6]
- The ability to provide meaningful feedback to residents is a skill demonstrated by effective clinical teachers, yet many family practice faculty do not receive formal training in this subject.[2]
- Residents in the Samaritan Health Services Family Medicine Residency Program indicated feedback to faculty as a main area for improvement within the program (findings supported by results of the annual ACGME resident survey).
- Much remains unknown about the sociocultural aspects of feedback, including readiness to engage in bidirectional feedback between residents and faculty.[5] There is, however, increasing evidence that feedback becomes most effective when it takes the form of interactive dialogue within a psychologically safe environment.[3]
- There are many challenges to creating a culture for productive feedback exchanges including the existing hierarchy within medical education, the risk for retaliation, concern for time constraints, as well as the misconceptions that giving feedback is the sole responsibility of faculty and that residents cannot give effective feedback to faculty.[3,4,5]

OBJECTIVES

Improve the quantity and quality of feedback to faculty, with an emphasis on the following:

- Create a more efficient way to provide feedback to faculty
- Maintain resident anonymity
- Decrease the potential for retaliation
- Improve the overall mindset and culture surrounding the feedback process

METHODS

- The two chief residents of the program met with each family medicine resident (25 total) one-on-one to determine which issues were most important to them.
- A recurrent topic was the improvement of faculty feedback.
- The chief residents led a brainstorming feedback session with all the residents as a group for two hours during didactic time, focusing on best practices for all core faculty in addition to faculty-specific feedback.
- An anonymous online survey was used to elicit feedback from residents who may not have wanted to speak up in front of the group.
- The chief residents aggregated and summarized the feedback into a narrative format and shared this feedback both in person and in writing with all faculty individually and with the Program Director.

RESULTS

A list of best practices for all faculty was developed (shown below, in Figure 1). The program director used this feedback in structuring faculty development, and when developing a Faculty Handbook. The project also resulted in feedback forms being amended.

Figure 1: General Recommendations for all Faculty
The following are best practices that residents would like faculty to strive for:

- ❑ Be in clinic on time at the start of clinic
- ❑ Pre-huddle with residents before the start of clinic to discuss complex patients and potential hurdles
- ❑ Stay in the designated precepting room for each site when precepting so that residents know where to locate you
- ❑ Focus on precepting when precepting and not working on your own patient care or administrative tasks, especially when residents are in the room
- ❑ Stay off of computers to work on charts when attending didactics
- ❑ Allow residents to operate in the 'window of safety'. It is difficult when a longitudinal plan has been decided on by a resident and attending and then the plan gets changed with subsequent attendings. If there is not a clear evidence-based reason to change course then residents appreciate trust in their longitudinal care plan
- ❑ Teaching is always appreciated, but please be cognizant of schedules and assist residents in staying on time
- ❑ In acute visits, set reasonable expectations for addressing additional problems and health maintenance
- ❑ Assist residents in appropriate billing
- ❑ Have a basic understanding of OMT in order to assist DO residents
- ❑ Provide positive reinforcement and specific feedback

CONCLUSIONS

- Gathering feedback as a group, synthesizing the information and providing anonymous feedback to faculty was invaluable.
- Aggregated feedback led to useful, targeted and specific feedback for individual faculty.
- Faculty were responsive to the mechanism of feedback and asked for it to be continued, and the program director is utilizing it as a component of future faculty development.
- Having expected precepting norms helped precepting quality stay consistent throughout the year

FUTURE IMPLICATIONS

- Proficiency in giving and receiving feedback is integral to faculty and resident development as leaders in family medicine and their communities.
- The success of the process in this family medicine program suggests that this method of gathering faculty feedback is a worthwhile investment for other residency programs

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