Background

- Medical education consists of the core concepts of teaching, coaching, and mentorship.
- Experience with frequency Postgraduate medical residents are working to and setting of feedback acquire the knowledge and skills needed for Comfort with positive and negative feedback clinical practice and are able to improve their Belief of when and how feedback best given performance through direct observation, feedback, and mentorship under the guidance of Results attending physicians.
- Feedback from attending physicians can identify gaps in their knowledge and skills as well as the tools to fill those gaps.
- **Objective of study:** The purpose of this study was to perform a needs assessment of the hospitalist faculty and junior residents' perception of the current feedback climate.

Hypothesis

We hypothesize that pediatric hospitalist faculty and junior pediatric residents will have different perceptions of the frequency of feedback given, with faculty perceiving it being given more often. We further hypothesize that they will differ in their opinions of how and when feedback is best given.

Methods

An online survey was used to implement the needs assessment through REDCap and distributed to:

- instructors in the Division of Pediatric Hospitalist Medicine
- 38 junior residents who have rotated in the junior resident/hospitalist medicine rotation – a rotation with less learners intended to develop resident's independent patient management skills under direct mentorship of a pediatric hospitalist.



Perceptions of Feedback Practices Among Attending and Resident Physicians: A Needs Assessment

Naba Alibeji MD, Jessica Goldstein MD

Survey assesses:

Demographic information

(10/11) of the attending physicians 90% completed the survey and 44% (17/38) of the residents completed the survey.



75% of resident physicians felt that the feedback provided was specific to their and strengths weaknesses.



Resident perception of the best timing of feedback



50% of attending physicians reported providing feedback after each presentation. 60% reported at the end of

every week. 70% reported at the end of

their time on service as the attending of the team.



Rainbow Babies & Children's Hospital





80% of attending physicians believed feedback is best given by the attending that observes performance vs 20% feeling it is best given by spokesperson who speaks on behalf of the department.

However, 100% of resident physicians believed feedback is best given by the attending that directly observes performance.



Conclusions Both residents and faculty agree that feedback is provided during the rotation, however notable differences in the frequency, timing, quality, and experience were noted between the two groups. Based on this needs assessment, a clinical feedback framework was developed with the goal to increase resident selfawareness and goal-informed feedback during the junior silver rotation. Educational sessions were provided to both the hospitalist faculty and junior residents. Evaluation of the impact of this intervention on the clinical feedback environment is ongoing. Limitations include small sample size and lower response rate in resident group

References

Carr, Brendan M., et al. "Bridging the Gap to Effective Feedback in Residency Training: Perceptions of Trainees and Teachers." BMC Medical Education, vol. 18, no. 1, 2018, doi:10.1186/s12909-018-1333-9.

