Perceptions of Assessment and Feedback

Hawks, Doves and Impact on Learning

Author: Dr. Kaif Pardhan
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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
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Background

- Residency takes place in a workplace learning environment

- Residents may work with supervisors who provide different feedback in style or content for the same quality of performance.

- **Question**: Among residents who receive regular feedback, how do different styles of feedback by supervisors impact resident learning
**Methods**

- Semi-structured one-on-one interviews were conducted with residents from programs that have regular one-on-one feedback and assessment from supervisors.

  - Transcripts were coded, analyzed, and collapsed into themes until thematic saturation was reached.

  - Data analysis was guided by a constructivist grounded theory approach based in a relativist paradigm.
## Distribution of Interview Participants

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Theme 1: Source

• Who gives the feedback has an impact on how feedback is received and incorporated.
“The other person who had been in the OR told me that my brain and my hands weren't connected, he's a mean person and he's someone who is mean to everyone ... I've seen him make countless fellows and residents cry in the OR... And so it's easy for me to say "ok this is just Dr. So and so and he's a mean person." – Res 12
“And, so, I might think, "Who does this person think, he or, she is giving me this feedback?" Because, they're actually, they don't know what I'm going through. Or, they're not an authority. Or, I've seen them do it, you know, worse than I did it. And, yet they're telling me how to do it right and, they're doing it wrong all the time.” – Res 6
Theme 1B: Source Relationship

“For me it’s always been the relationship that’s more important rather than the feedback. If I get mean feedback from somebody that I know is in invested in me or that I have a good working relationship with it means more than necessarily nice feedback from them because they’re willing to cross that relationship boundary to give feedback whether it’s nice or mean.” – Res 17
Theme 2: Reconciliation

• Residents who receive feedback that does not match with previously received feedback or their self-perception of their own performance, actively try to reconcile this feedback through reflection and debriefing.
“But if I really think about it and I can’t find where the feedback might have come from, and I’ve never received the feedback before, and I don’t personally feel it to be accurate, usually I won’t forget it, I’ll sort of just, like, set it aside, and then sometimes I might, on a second shift, ask a different preceptor or a different staff, I might talk about that or to watch for that” – Res 7
Theme 3: Reflection

• Residents employ reflection to consolidate the feedback they receive and determine how to apply it.
• Includes written and non-written reflections as well as debriefing
Theme 3: Reflection

“It depends how big the miss is or the, how bad the feedback was. But if it's like, if it's moderate in severity then I will probably like ... I probably on my way home will call that person, that sound board co-resident and just bounce it off them and tell them the whole thing. And not gloss it over and not like try to make it sound good, just tell them what happened and try to get some perspective from them. But I'll probably still go home and then think about it and like why did I do that and feel guilty and distract myself with other things to try to feel less guilty. And then I'll tell my husband about it and my husband who's not in medicine will say, will tell me like to drop it.” – Res 11
Theme 3: Reflection

“I would say that it puts you on a bit of a red alert, you know. Like your emotions run high and so you’re very sensitive to your responsibilities as opposed to where before maybe, you know, you go about your day and you do your readings, your preparation as you might normally do. With the feedback, everything comes to the forefront so you drop responsibilities and other things. Like now that’s just like probably the most important thing that I have on my table. I have to do better at this..” – Res 17
Theme 4: Emotional Responses

- Feedback may trigger an emotional response which may (or may not) have an impact on resident learning
Theme 4: Emotional Response

“He basically told me that I was incompetent by not doing a physical exam...it made me feel very inadequate...it kind of made me want to prove that I was capable” – Res 2
Theme 4: Emotional Response

“I think there's a threshold of stewing that is helpful and then if you go beyond it it's unhelpful ... if there is a situation where I was given a very negative feedback in some situation and ... like it hit me the wrong way ... and say it was about a procedure then maybe the next time ... I think my anxiety would be a little bit high, I can perform really well with a little bit of anxiety and then it gets to a point where it starts to be detrimental” – Res 10
Theme 5: Content

- Residents reinforced previously identified feedback components that are helpful: specific, measurable, timely, actionable and relevant.
“I mean, I think, the most useful learning points are on shifts or, whatever the case may be, may be when you can get **specific real-time feedback** earlier in the shift, on a random specific thing. And, then, **get an opportunity to manage a similar patient or, do a similar procedure**. Or, something else, you know, make a similar kind of level clinical decision. Do it again with the same provider. Try and get the feedback of you know, "Okay great. You've improved that. Here may be the next steps." Or, you know, "Here's some additional feedback that might help you make that more successful." So, the opportunity to, you know, be re-evaluated, based on that feedback and see if you can implement that” – Res 3
Limitations

• Focused on disciplines with routine one-on-one feedback, which are largely procedural

• Two centres that are geographically quite close
Conclusions and Next Steps

- Residents are actively engaged in the feedback they receive

- They critically appraise the feedback to incorporate it into their learning

- Next step #1: Theory generation or matching

- Next step #2: How do faculty perceive that their feedback is incorporated in residents learning?
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