Understanding Resident Perceptions of Receiving Formative Feedback from Non-Physician Health Care Professionals

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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.
Multisource Feedback (MSF)
Acceptance and use of feedback
Language used: “non-physician” health care professional
To understand resident perceptions of multisource feedback and the non-physician as a feedback provider.
METHODS

- Constructivist Grounded Theory
- Iterative process with constant comparison
- 17 individual interviews
  - 6 junior residents (R1 IM)
  - 5 intermediate residents (R2-3 IM)
  - 6 senior residents (R4-5 GIM)
Relational Definitions of Feedback

Relational Interpretations of Feedback

Role Alignment
Role Understanding
Credibility

Junior Resident
Senior Resident
Team
RELATIONAL DEFINITIONS OF FEEDBACK
“In a new hospital, it's helpful to have their feedback as to how they do things, how things operate, what they like residents to do, and how things will get done more efficiently.”

(Junior Resident 5)
“This discussion that I’ve been having about efficiency with the nurses I think that’s all under the manager, leader domain certainly and it’s relevant I think as well even though it’s not patient care, but I think it’s still relevant to the system and to your skill set as a physician.”

(Intermediate Resident 4)
“You're the attending and your team is the allied health…when you're working [independently] you need to be able to take feedback from all these people. Otherwise you're going to be

A. a terrible doctor

B. everyone's going to hate you

<laughs>

….the earlier you are getting used to getting feedback on your leadership approach, or your communication skills from a social worker or from whoever, then the better, absolutely.”

(Senior Resident 3)
RELATIONAL INTERPRETATIONS OF FEEDBACK
ROLE ALIGNMENT

- Medical Expert
- Communicator
- Health Advocate
- Professional
- Leader
- Professional
- Communicator
- Collaborator
- Communicator
- Professional
- Medical Expert
- PT and OT
- Nurse
- Social Work
- Pharmacy
“Just because the charge nurse in the previous question wasn’t as medically an expert as some of my staff physicians, she was extraordinarily credible and quite valuable in giving feedback on interdisciplinary communication skills, because she was an expert on that.”

(Senior Resident 4)
“I find that the most credible people to give feedback are people that understand what your role is and understand what your level of performance should be at your level of training. Most of that comes from people who are intimately aware of the training process who are, generally speaking, other physicians…”

(Intermediate Resident 3)
SUMMARY AND DISCUSSION

Relational Definitions of Feedback

- Junior Resident
- Senior Resident
- Physician
- Team

Relational Interpretations of Feedback

- Role Alignment
- Role Understanding
- Credibility
DISCUSSION

Practical Implications

- How does MSF fit into CBME?
- Which CanMEDS domains?
- Best format?

Limitations

- Single Centre
- Pre-implementation
- Social acceptability Bias
Thank you!

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Participating Residents
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