An Innovative Addition to Workplace Assessment

Feedback on Feedback

Author: Jane Griffiths
Date: September 2016
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
The Purpose

• To design a function within our electronic workplace-based assessment that allows for feedback to preceptors about the feedback they provide trainees.
The Problem

• Preceptors often lack opportunities to receive specific feedback about the feedback they provide trainees
Context

• Family Medicine postgraduate training program
• 2 year program
• Ontario, Canada
• ~140 residents
• Assessment system based on the collection of Field Notes, collection of other assessments in an electronic portfolio and regular review through q4monthly Academic Advisor meetings
Methods

- Exploratory, qualitative pilot study, convenience sampling
- 5 Field Note competitions were conducted
- 5 Cohorts of 12-23 PGY1 Family Medicine trainees
- Invited to nominate a FN they received over the previous 2-week period they found most useful for their learning and to describe why
- Received 18 entries from 5 competitions
- Thematic analysis using NVivo 11
## Results

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Changed and improved practice</td>
<td>“[It] gave a tip for improving my management of this case so that next time I can go beyond the standard of care.”</td>
</tr>
<tr>
<td>2. Imparted new knowledge</td>
<td>“What I find very useful [is] listening to his conversation with the patient and gaining insight into how to systematically approach the topic that was individualized to her goals for pain management.”</td>
</tr>
<tr>
<td>3. Provided motivation to learn</td>
<td>“[It] provides an appropriate amount of support through encouragement.”</td>
</tr>
<tr>
<td>4. Confirmed skills</td>
<td>“I found this field note particularly helpful as it reflected back that I did indeed handle a difficult discussion well.”</td>
</tr>
<tr>
<td>5. Promoted reflection</td>
<td>“[It helped me] reflect on the communication aspect of this particularly difficult encounter. It made me think about the way in which I'd communicated, and how, in future encounters, I can communicate in different ways to ensure patient understanding.”</td>
</tr>
</tbody>
</table>
# Field Notes - resident review

<table>
<thead>
<tr>
<th>Date of encounter</th>
<th>Experience</th>
<th>If you feel this feedback was particularly useful for your learning, Click here</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-08-16</td>
<td>KT/Care Family Medicine/QFHT</td>
<td>- My practice changed and improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Learned something new</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Motivated to learn more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Confirmed I am doing the right thing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Promoted reflection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident: Joe Residento</th>
<th>Completed By: Dr. Jane Griffiths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of encounter/ situation: 62 yo M Diabetes Review</td>
<td>Phase Observed: Follow-up</td>
</tr>
</tbody>
</table>

## Direct Observation - Yes

### Skills Dimensions / CanMEDS Roles
- Patient-centered Approach
- Clinical Reasoning Skills
- Selectivity

### Domains of Clinical Care
- Care of Adults

### Linked EPA
- Care of the Adult with a Chronic Condition

## Feedback

### Continue (strengths):
- discussing the option of increasing the medication was a good idea and very patient-centered in this case.

### Change (or do less):
- you may want to consider not being very rigid about guidelines interpretation, but apply them with the individual in mind. In this case, I am happy with his HbA1c 7.1, especially since he has worked so hard to get there. Insisting it be <7 may have undermined his feeling of success today.

### Consider (next steps):
- we talked about a 6/12 f/u in this case would not be best since you just increased his BP medication and today’s BP was high. In addition the diabetes guidelines would recommend having him back at 3/02 for DM review. He should have his BP and response to his meds increase checked sooner, perhaps 3-4 weeks.

This field note is: Not Flagged
# Field Notes - preceptor review

<table>
<thead>
<tr>
<th><strong>Date of encounter</strong></th>
<th><strong>Experience</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-02-02</td>
<td>KTI/Core Family Medicine/QFHT</td>
</tr>
</tbody>
</table>

**Resident:** Joe Resideto  
**Completed By:** Dr. Jane Griffiths

**Type of encounter/ situation:** 62 yo M Diabetes review  
**Phase Observed:** Follow-up

**Direct Observation** - Yes  
**level of performance chosen by preceptor** - Required minimal supervision

**Skills Dimensions / CanMEDs Roles**  
Patient-centered Approach  
Clinical Reasoning Skills  
Selectivity

**Domains of Clinical Care**  
Care of Adults

**Linked EPA**  
Care of the Adult with a Chronic Condition

## Feedback

**Continue (strengths):** discussing the option of increasing his medication was a good idea and very patient-centered in this case

**Change (or do less):**  
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**Consider (next steps):**  
we talked about a 6/12 f/u in this case would not be best since you just increased his BP medication and today's BP was too high. In addition the Diabetes guidelines would recommend having him back at 3/12 for DM review. He should have his BP and his response to his med increase checked sooner. perhaps 3-4 weeks.

**This field note is:** Not flagged
Questions/ Next Steps

• Continue the competitions, looking for new themes and continue to validate the existing themes

• Should we include some carefully worded constructive feedback choices in the future?/Focus groups with residents to explore the idea and potential wording

• Are preceptors influenced in their feedback habits after getting specific feedback from residents? More engaged? Do they think of tailoring feedback?/Focus groups to explore the impact on preceptors of getting this specific feedback
References


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