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May 10th, 12:00 PM - 12:15 PM

### Improving the approach to fellowship trainee feedback

Katie A. VanderVelde

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# Improving Fellow Feedback Satisfaction

Katie VanderVelde, MD

Pediatric Infectious Diseases Fellow

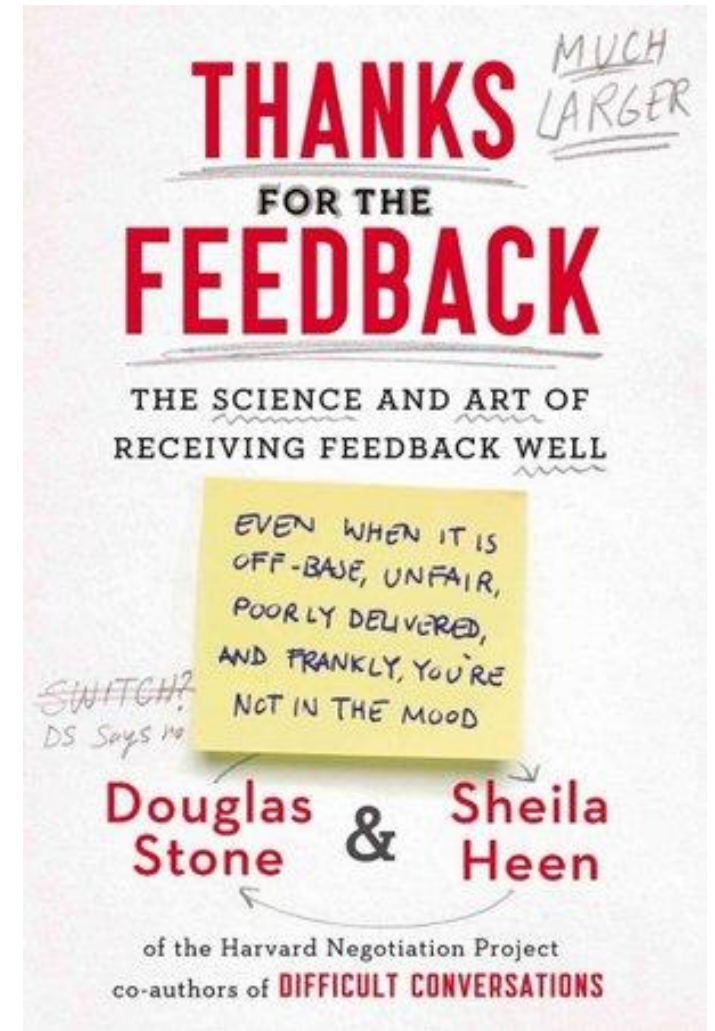


# Disclosures

- None

# What is feedback?

- Information about yourself
- Conflicting experience:
  - *“Is it possible that feedback is like a gift and like a colonoscopy?”*
- In medical education – “feedback is often short, circumstantial, and initiated by clinical teachers” (Chaou, 2019)



# Fellow Feedback

## Background:

- Decreased learner satisfaction with feedback identified on fellowship ACGME survey was identified as an area to improve
- Anonymous survey reported that Pediatric Infectious Disease Fellows received formal feedback from 52.4% of their inpatient clinical experiences with attendings (2017-2018 AY)

# AIM Statement

- Increase the occurrence of feedback to fellows by faculty during clinical service rotations from 52.4% to 90% in 6 months utilizing a standardized method.

# Interventions and Measures

## Feedback Card (PDSA 1)

- Addition of 'Feedback Card'

## Huddle Metric (PDSA 2)

- Location of card
- Display of data

## Time Modification (PDSA 3)

- Excluded dyads with limited time

- Fellows surveyed monthly for # feedback sessions per # attendings
- 3-month survey of attendings

- Fellow survey continued

- Fellow survey continued

# The “Feedback Card”

## Feedback

### Beginning of the week

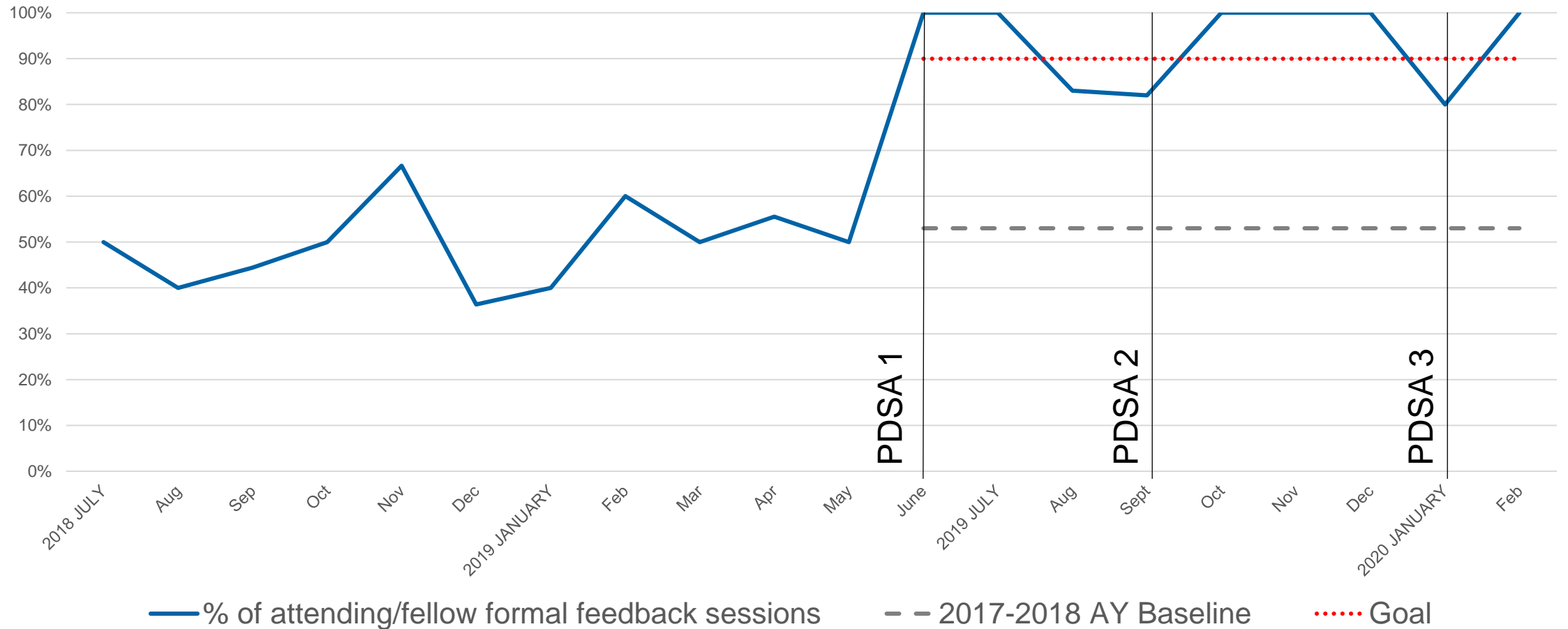
1. Learner: My goal is  
Faculty: My goal is
2. Learner: The barriers are  
Faculty: The barriers are

### End of the week

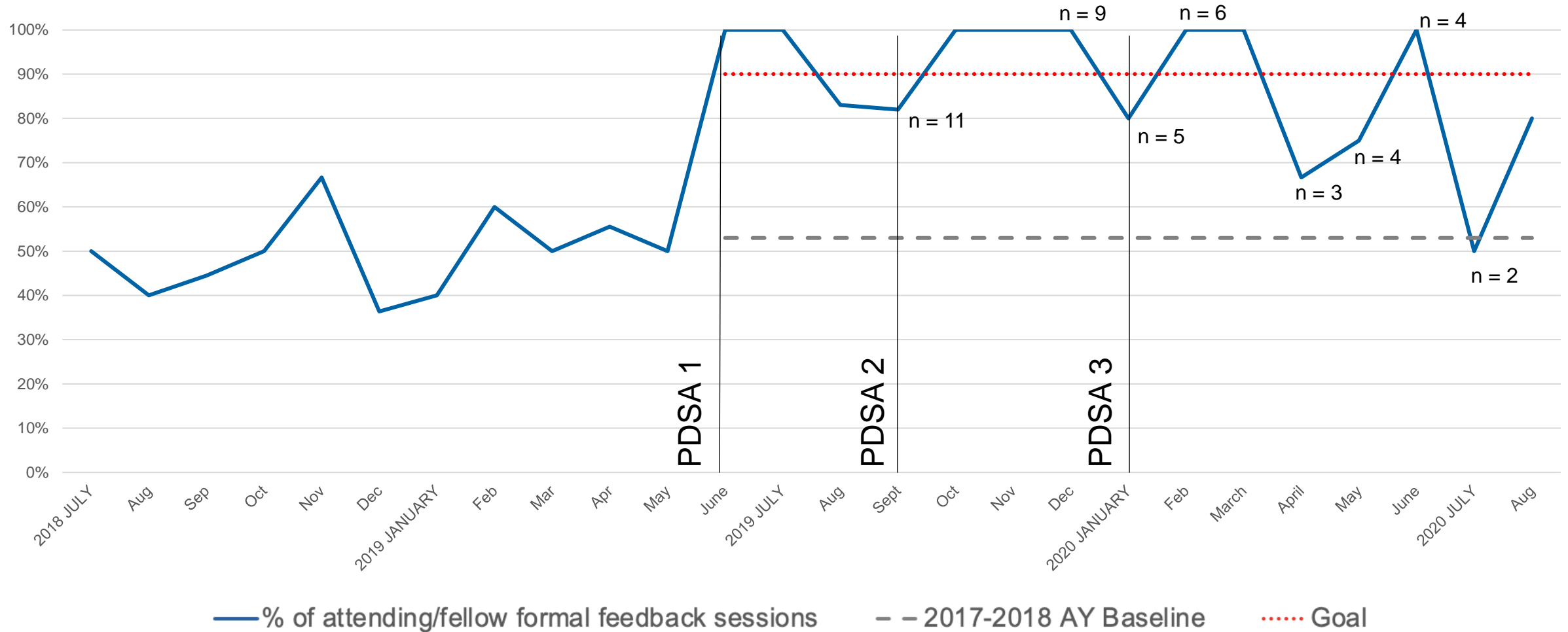
3. How did it go? What went well?  
Why?
  - a. Learner
  - b. Faculty
4. Address concerns. What did not go so well? Why?
  - a. Learner
  - b. Faculty
5. Review learning points
  - a. Learner
  - b. Faculty
6. Plan ahead. What actions will you take for next time?
  - a. Learner
  - b. Faculty



# Percent of Formal Feedback Sessions



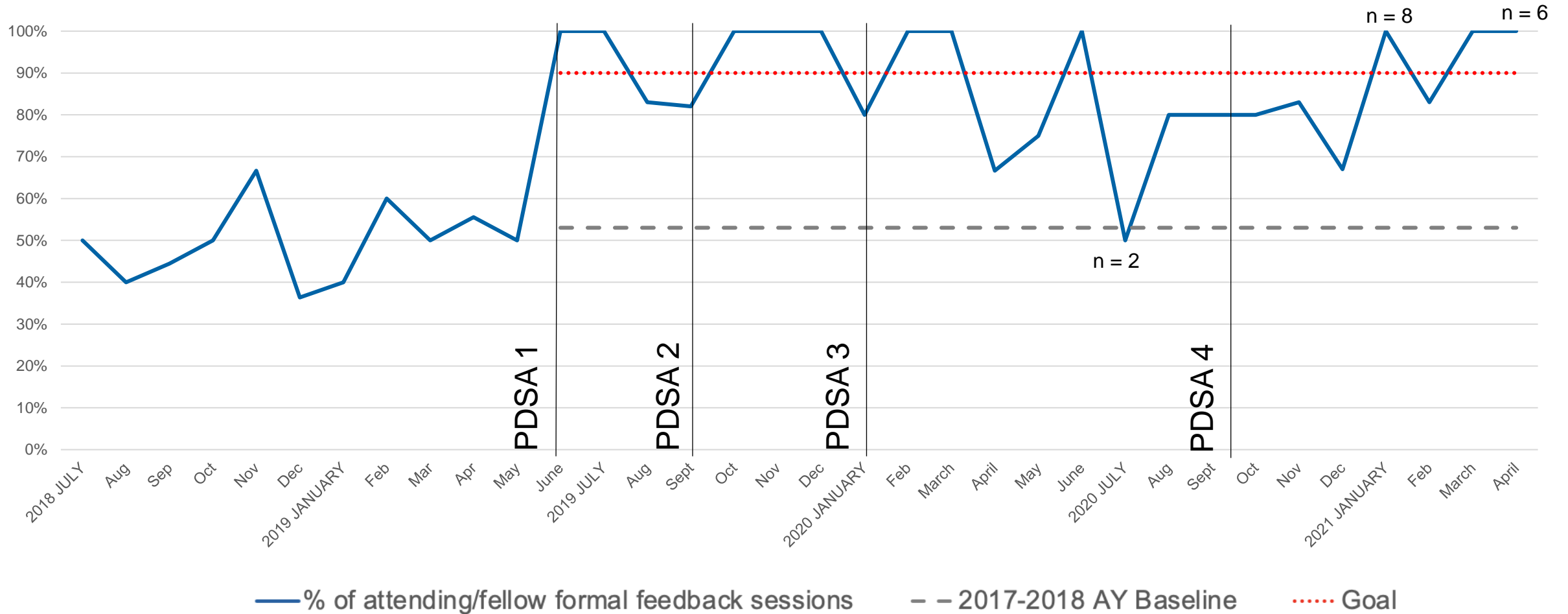
# Percent of Formal Feedback Sessions



# Intervention – PDSA 4

- Planning of intervention
  - Need for readdressing this metric identified
- Process
  - Re-emphasized use of feedback card in fellow meeting
- Measures
  - Same as PDSA 1

# Percent of Formal Feedback Sessions



# Conclusions and Next Steps

- Actively engaging in feedback-seeking is an effective way for fellows to learn within the working environment
- A structured method for feedback improved frequency of feedback sessions between faculty and fellowship trainees
- Future PDSA cycles needed to assess the quality of feedback provided and whether or not it was helpful for fellowship training

# Thank you!

- Dr. Schuster and Dr. Myers
- My Co-Fellows – Aaron and Megan (and Steve, Katie, and Joel)
- The ID Division

# Questions?

*“Receiving feedback sits at the intersection of these two needs  
– our drive to learn and our longing for acceptance.”*

*– Douglas Stone & Shelia Heen*



**Children's Mercy**

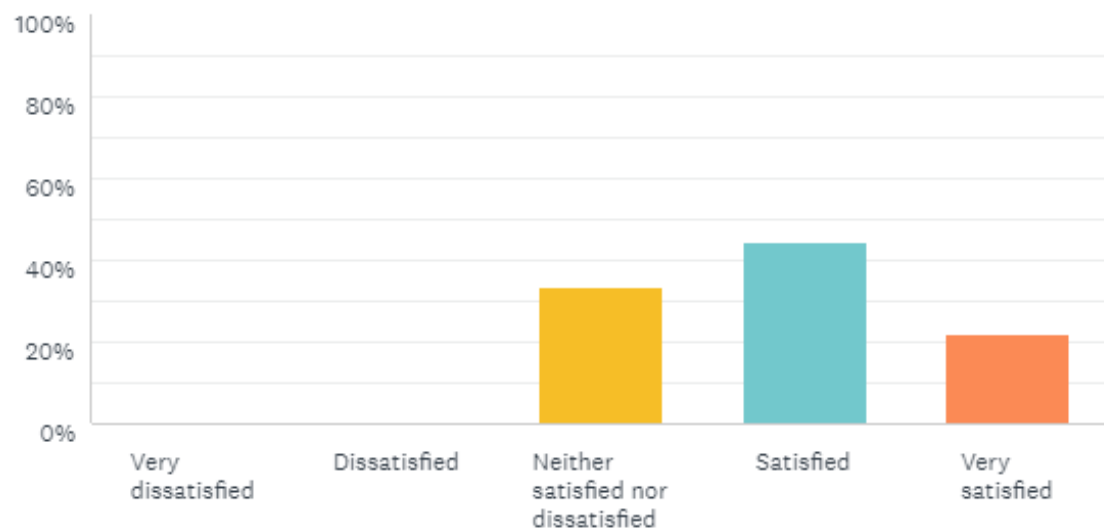
**LOVE WILL.**



# PDSA 2 Survey - Attendings

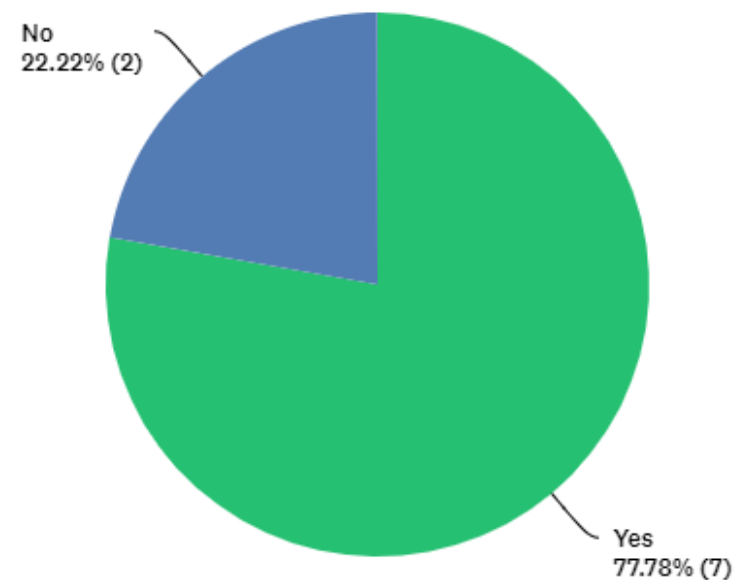
How satisfied are you with the feedback process after your clinical experiences with fellows?

Answered: 9 Skipped: 0



Have you used the suggested feedback card?

Answered: 9 Skipped: 0



# Improving the Approach to Fellowship Trainee Feedback

Kathryn A. VanderVelde, MD, Angela L. Myers, MD, MPH, Jennifer E. Schuster, MD, MSCI

## Children's Mercy Kansas City, Kansas City, MO

### BACKGROUND

- Giving and receiving feedback are difficult, but necessary, skills in medical training
- Decreased learner satisfaction with feedback identified on ACGME survey
- Anonymous survey reported that Infectious Disease Fellows received formal feedback from 52.4% of their inpatient clinical experiences with attendings

### AIM STATEMENT

- Increase the occurrence of feedback to fellows by faculty during clinical service rotations from 52.4% to >90.0% in 6 months utilizing a standardized method.

### TOOL

Figure 1. The Feedback Card.

**Feedback**

**Beginning of the week**

1. Learner: My goal is  
Faculty: My goal is
2. Learner: The barriers are  
Faculty: The barriers are

**End of the week**

3. How did it go? What went well? Why?
  - a. Learner
  - b. Faculty
4. Address concerns. What did not go so well? Why?
  - a. Learner
  - b. Faculty
5. Review learning points
  - a. Learner
  - b. Faculty
6. Plan ahead. What actions will you take for next time?
  - a. Learner
  - b. Faculty

### INTERVENTIONS

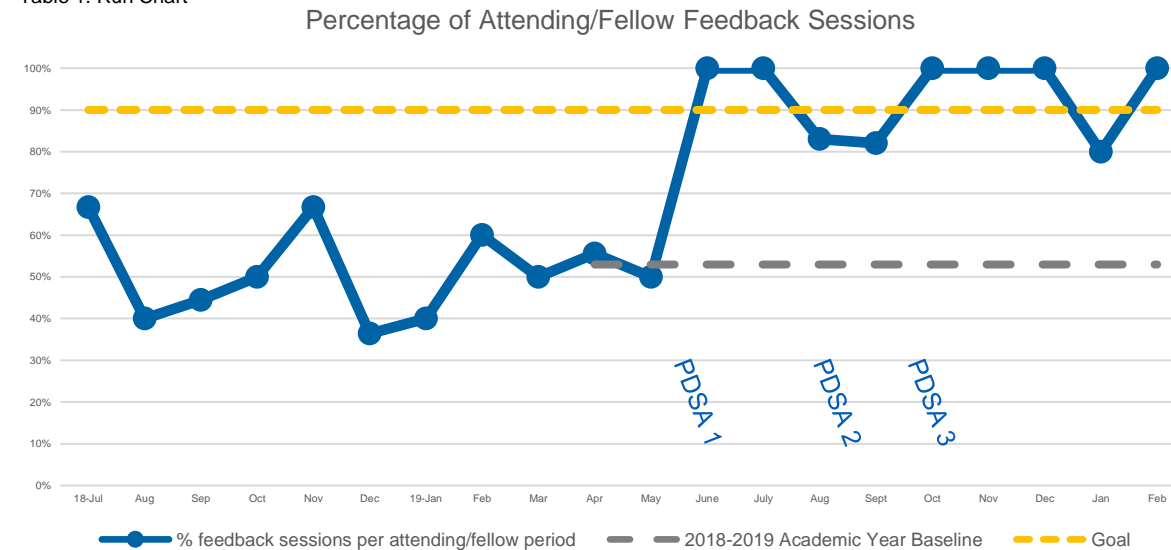
- PDSA 1: Feedback Card provided to fellows and faculty.
  - Fellows surveyed monthly regarding number of feedback sessions per clinical service time
  - Anonymous survey sent to faculty and fellows following 3 months of Feedback Card use.
    - Responses indicated need for a specific location/reminder for the card.
- PDSA 2: Feedback Cards were moved to the daily huddle board; monthly data were displayed.
- PDSA 3: Attending/fellow dyads with only one service day were excluded given limited interactions.

### CONCLUSIONS AND NEXT STEPS

- Actively engaging in feedback-seeking is an effective way for fellows to learn within the working environment
- A structured method for feedback improved frequency of feedback sessions between faculty and fellowship trainees
- Future PDSA cycles will assess the quality of feedback provided.

### RESULTS

Table 1. Run Chart



- The percentage of feedback sessions between fellows and faculty increased following implementation of the Feedback Card from an average of 52.4% in 2018-19 to 95.0% in 2019-20.