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### Increasing Feedback from Endocrinology Faculty to Fellows: A Quality Improvement Initiative

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## Background

- Feedback is an essential in medical training and provides opportunities to improve and identify strengths and weaknesses
- There are several barriers to feedback which include time, limited interactions with learners, inadequate training in feedback, and hesitancy to provide constructive feedback.
- In 2022, Children's Mercy endocrinology fellows reported receiving feedback less than once per month.

## AIM Statement

- Increase the frequency of feedback of CMH Endocrinology fellows to 75% of the time in inpatient rotations by June 30, 2023 and to 50% of the time in outpatient clinical encounters by December 31, 2023.

## Methods

- A feedback form (available via Redcap and in paper) was created in which learners would identify goals to help solicit feedback conversation (Figure 1). Responses were recorded and used to track frequency of feedback.
- PDSA cycles were completed:
  - Cycle 1: Feedback form with QR code with learner goal survey created and placed in clinical settings.
  - Cycle 2: Microteaching sessions with Endocrinology fellows and faculty members to review feedback, importance of feedback, how to receive/give feedback.
  - Cycle 3: Weekly reminder email with link to learner goal survey sent to Endocrinology fellows
- Several barriers to feedback were identified amongst endocrinology fellows in December 2022 – January 2023 (Figure 2).
- Feedback culture surveys completed at baseline, once during, and after intervention periods (Figure 4 and Table 1).

# Increasing Feedback from Endocrinology Faculty to Fellows: A Quality Improvement Initiative

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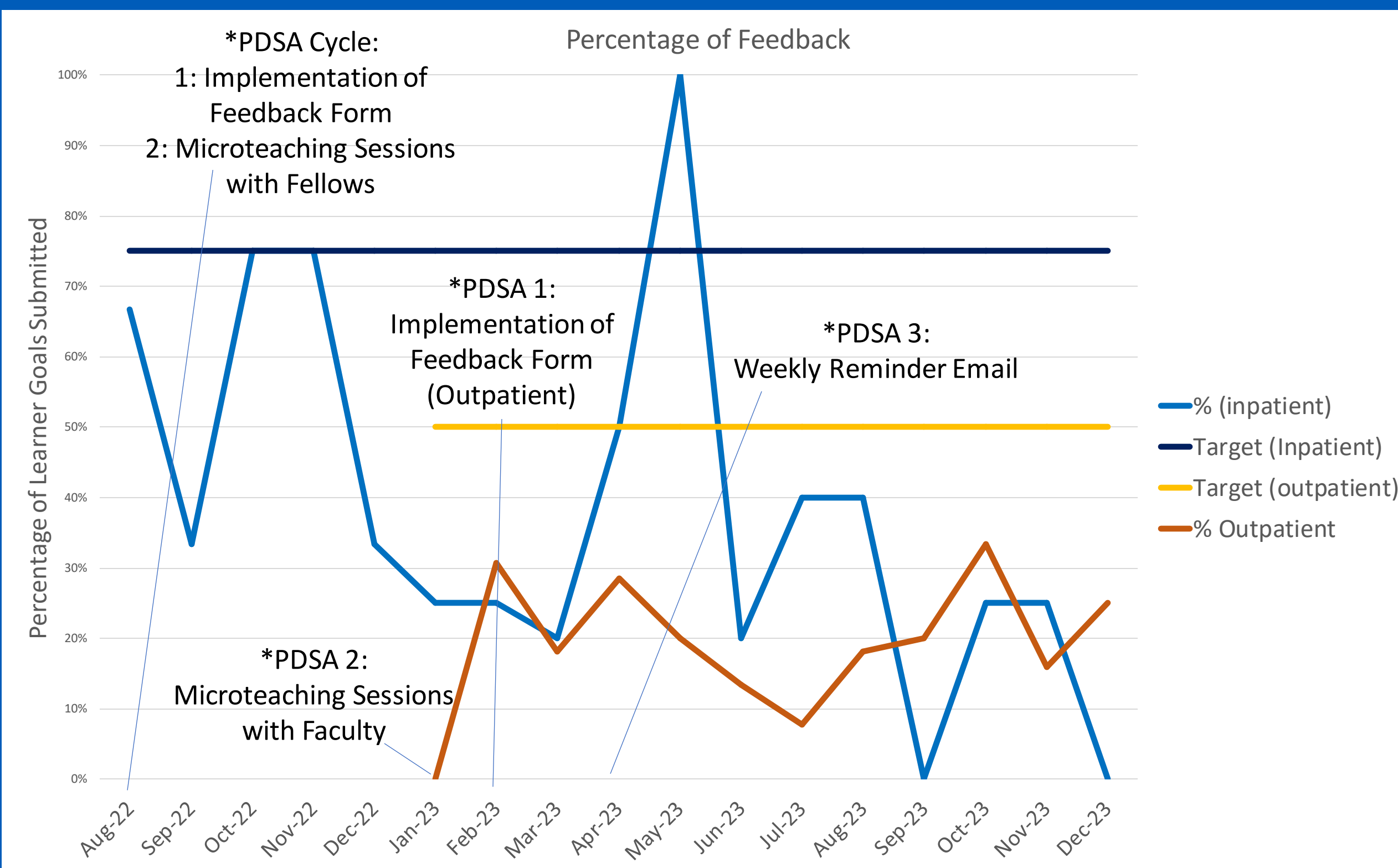


Figure 1: Run chart of frequency of feedback received by endocrinology fellows with timeline of PDSA cycles.

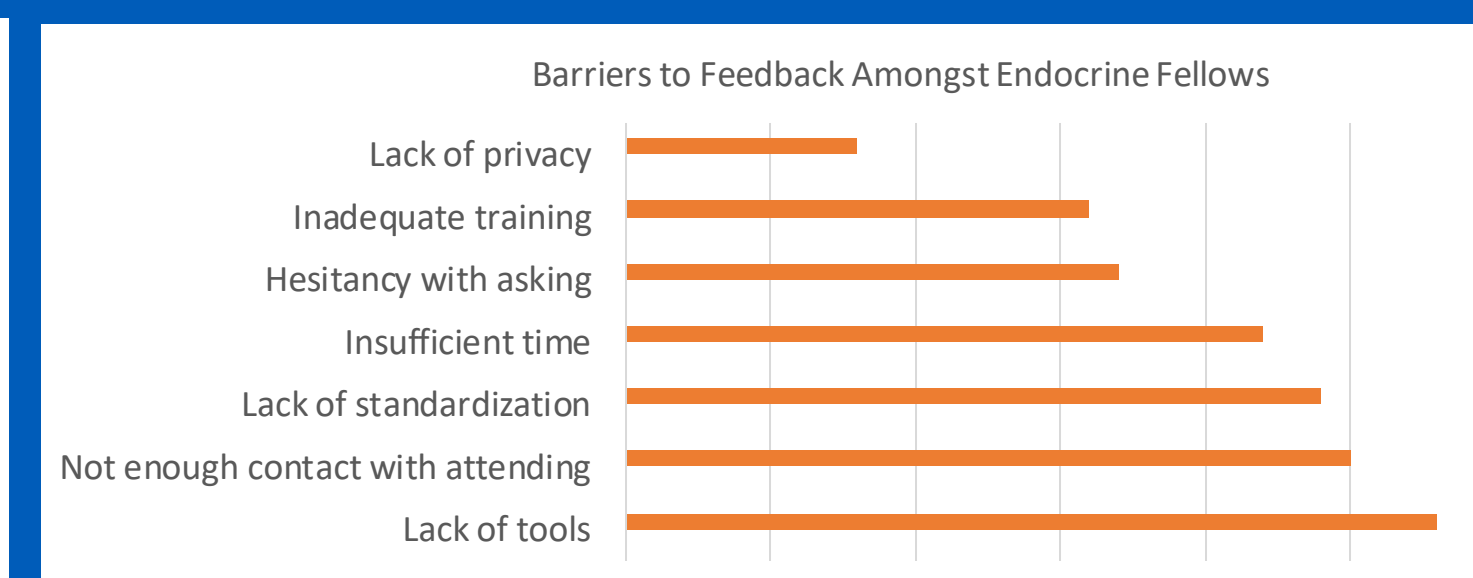


Figure 2: Barriers to Feedback identified by CMH Endocrinology fellows (n=5). Endocrinology fellows were surveyed and asked to rank barriers in order of how they play a role in feedback at CMH. This reflects how barriers were ranked amongst fellows.

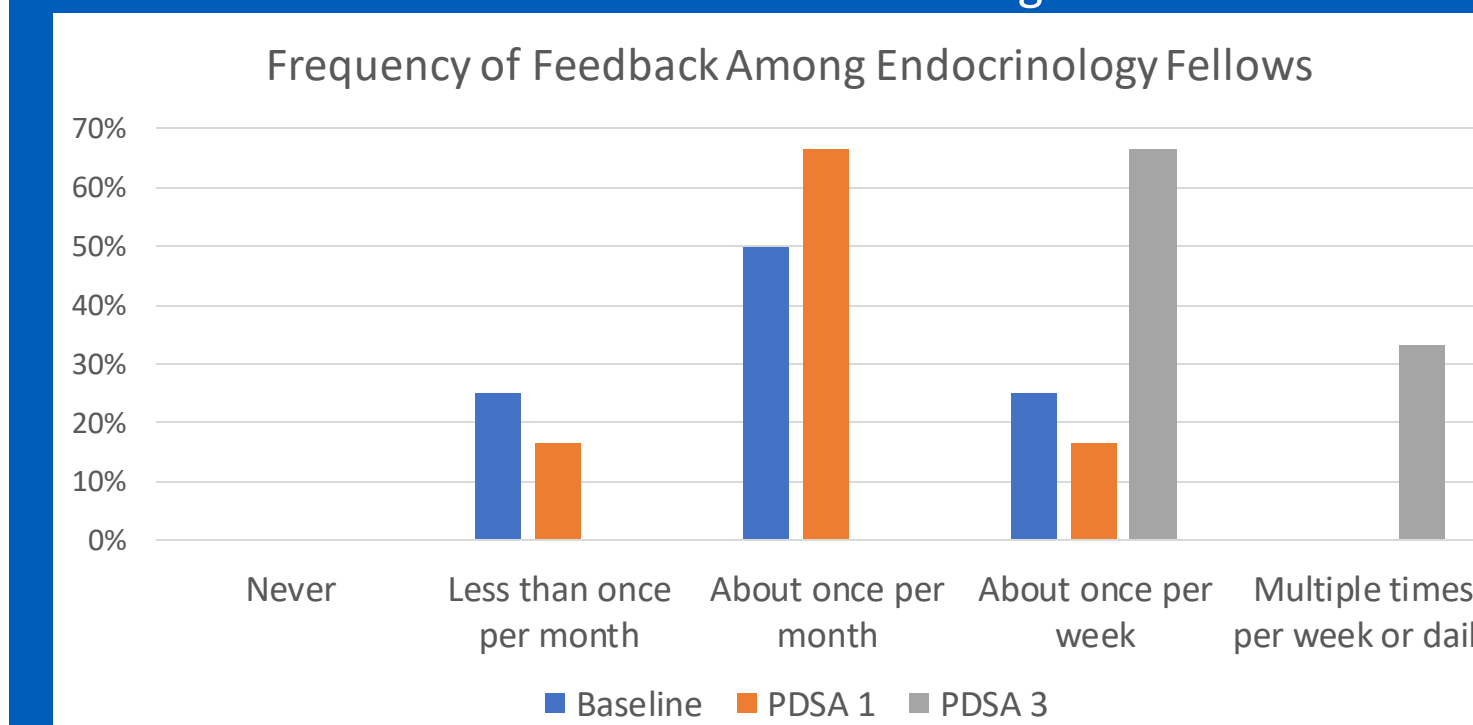


Figure 3: frequency of feedback received amongst endocrinology fellows at baseline, PDSA-1, and PDSA-3.

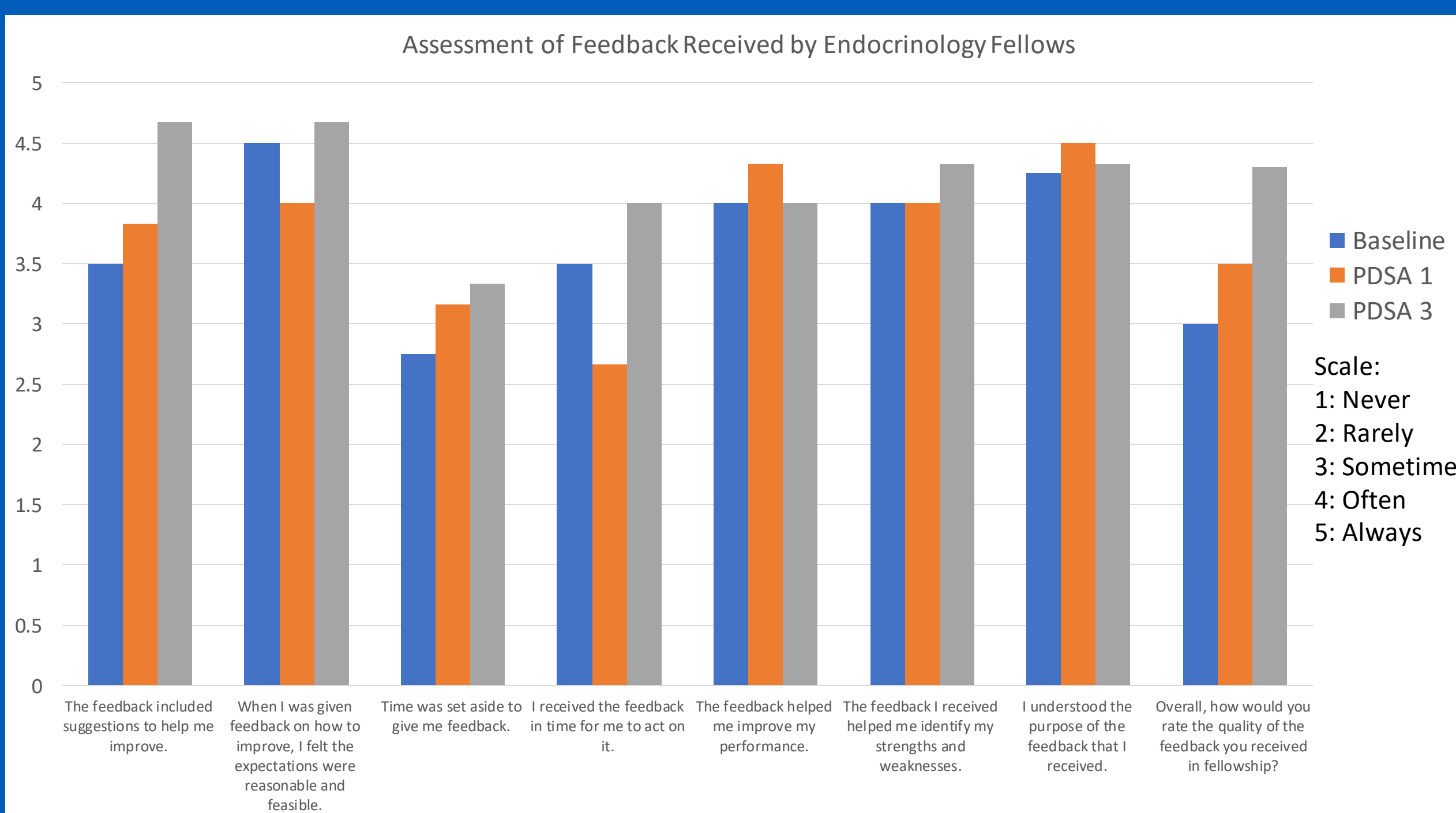


Figure 4: Assessment of feedback amongst endocrinology fellows at baseline, following initial PDSA cycle, and following intervention periods. Scale for question response is listed below legend.

	Endocrinology fellows' comment regarding feedback
Baseline	"a couple attendings always provide a little feedback...which is appreciated. Most of the time there isn't any specific feedback" "there are only few (...) attendings who provide VALUABLE feedback. Most give vague feedback. But I personally don't really know how to provide valuable feedback (such as to residents), so maybe some attendings have a hard time providing valuable feedbacks too." "there is a wide spectrum of feedback...creating a standardized time to do feedback could be helpful..."
PDSA-1	"attendings need to provide more feedback in general." "it just needs to happen more. The recent feedback I have gotten has been overall helpful and relative to individual performance" "I feel feedback is limited due to time. There are a couple of faculty members who I do think do an exceptional job with feedback" "more specific the feedback the better it is"
PDSA-3	"it is really helpful to have this direct observation for how to improve conversations...I think it is difficult to fill out the feedback card; though... have incorporated it into my next clinics." "overall feedback has been appropriate." "feedback has gone well for me when I initiate the conversation"

Table 1: Comments from endocrinology fellows regarding feedback at baseline, PDSA-1, and PDSA-3.

## RESULTS

- Endocrinology fellows identified multiple barriers to feedback. Lack of a feedback tool, not enough contact with attendings, and lack of standardization were greater barriers identified.
- Frequency of feedback followed through documentation of feedback forms and displayed in run chart (Figure 1).
- Initial improvement from October to November 2022 but then decreased and remained below goal with exception of May 2023.
- Outpatient feedback has remained below goal.
- Frequency of feedback perceived by endocrinology fellows increased throughout interventions (Figure 3).
- Group discussion with endocrine department in January 2023 noted barriers included lack of time and social distancing which changed ease of interaction among faculty and fellows.
- Endocrinology fellows provided comments regarding feedback at baseline, after PDSA-1, and after PDSA-3 (Table 1).

## DISCUSSION

- Tracking feedback is challenging. Fellows perceived that they have received more feedback; however, documentation of feedback did not increase or meet target.
- May indicate a culture shift in endocrine department, incorporating feedback into all clinical encounters
- Feedback is important in medical education. However, many barriers to feedback exist.
- Important to continue to work to improve frequency and quality of feedback for learner education and improvement.
- Future directions include implementing designated feedback sessions, providing regular reports of feedback frequency to both fellows and faculty, and assessing quality of feedback.

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