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Improving the approach to fellowship trainee feedback

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Improving the approach to fellowship trainee feedback

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IRB Number (if applicable): n/a

Describe role of Submitting/Presenting Trainee in this project (limit 150 words): Trainee was responsible for development of project and background research, implementation and tracking of data, and writing of abstract. Guidance and feedback were provided by mentors.

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question: Giving and receiving feedback are difficult but necessary skills in medical training. We identified a need for improved feedback based on decreased learner satisfaction on our annual ACGME survey. In an anonymous survey, 2018-19 infectious disease fellows reported receiving formal feedback from 52.4% of their inpatient clinical experiences with faculty.

Background/Project Intent (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.

Methods (include PDSA cycles): A Feedback Card (Figure 1), was developed by fellows and faculty. Both parties were instructed to use the card at the beginning of their clinical service time to discuss weekly goals and barriers. At the end of the clinical period time was set aside to revisit the Feedback Card. PDSA 1: Feedback Card was provided to fellows and faculty. Fellows were surveyed monthly regarding the number of feedback sessions per clinical week. An anonymous survey was sent to faculty and fellows following 3 months of use. Responses indicated a 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. Fellows were anonymously surveyed at the end of each month to determine the number of feedback sessions per clinical service time.

Results: 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. (Figure 2)

Conclusions: Feedback is an essential part of clinical teaching and learning, yet it is often perceived as difficult to do, especially in busy clinical settings. Actively engaging in feedback-seeking is an effective way for fellows to learn within the working environment. Our project demonstrates that 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.