

Title: Impact of structured verbal feedback: Gathering baseline data

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Context and setting: Enhancing the quality of the internal medicine residency program at the Aga Khan University can have a significant national impact as 60% of our graduates are working in Pakistan. Our purpose in conducting this study was to strengthen the assessment and feedback system.

Why the idea/change was necessary: Residents in our program rotate through different specialties for specified periods of time. Due to lack of a formal system of verbal feedback, residents are unable to know their strengths and areas needing improvement in a timely manner. The feedback given is often very general and, even when faculty think they have given constructive criticism, residents often consider the process to be inadequate. This problem was also noted in an external review conducted by international medical experts in 2008. We therefore felt that a system that allows for, and encourages, regular, meaningful, individual verbal feedback needs to be incorporated into our postgraduate program. To implement such a system, it was first necessary to a) gather specific information on how feedback is presently incorporated in the training program and b) develop a tool to gather baseline performance data.

What was done: In November-December 2009, the baseline (pre-intervention) performance of 49 residents was assessed by 360-degree evaluation using a multi-domain questionnaire. Nine different raters, including nurses, faculty, peers, unit receptionists, service coordinators and self, evaluated the residents based on their communication and interpersonal skills. The mean scores obtained by each resident for each domain were calculated and compared. During the same period, a satisfaction survey was administered to collect information on the quality of the present feedback system. In an attempt to improve the quality of feedback provided to the residents, five faculty workshops were conducted in January-March, 2010.

Evaluation of the results or impact: The baseline satisfaction survey revealed that 45% (17/38) of the faculty had not provided formal verbal feedback to the residents in past 6 months. According to residents, 65% (32/49) never received any formal feedback. The percentage of faculty who said that they had given feedback to their residents was significantly higher than the percentage of residents who admitted to having received it (55.3% vs. 35%, $p < 0.05$).

The analysis of the 360-degree ratings indicated that rater characteristics (gender, rater type) had no significant impact on overall scores. There was, however, a training level effect, indicating that experience was related to overall performance. Here, level 2 residents, on average, received the lowest overall scores. Interestingly, there was a negative relationship between the resident self ratings and the aggregate ratings provided by others. Although not statistically significant, the nurses were the most stringent raters.

More than 90% (49/54) of the faculty participated in feedback-workshops. The challenges identified included the subjectivity of the rating scale, time constraints, difficulty in getting forms, and lack of incentive.

The system of structured verbal feedback was implemented with a revised assessment form from April 2010 onwards. A post intervention survey and 360-degree evaluation of the residents will be done in January-February 2011 to evaluate the impact.