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### A Qualitative Study of Satisfaction with Feedback: Resident Perceptions - The SaFeR Study

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# A Qualitative Study of Satisfaction with Feedback: Resident Perceptions

## The SaFeR Study

PRESENTER:

Dave Stromberg MD

### BACKGROUND:

- Despite continuous interventions to improve quality of feedback at UNM, ACGME survey results routinely show that resident satisfaction with feedback is low.
- This study explored factors that influence resident satisfaction with feedback.

### METHODS

1. Descriptive qualitative study.
2. UNM residents participated in focus groups about factors that influence resident satisfaction with feedback.
3. Sessions were audio recorded and transcribed.
4. Data was analyzed using a systemic, thematic, iterative, team-based approach using NVivo.

### RESULTS

Seven focus groups were conducted with 39 residents from Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, and Otolaryngology.

### DISCUSSION

Residents gave specifics regarding the quality and delivery of feedback.

Particular attention needs to be paid to feedback given to residents who are from populations who are underrepresented in medicine.

# Residents perceive satisfactory feedback as:

- Intentional
- Timely
- Specific
- Actionable
- Equitable

"I really appreciate those attendings that can spell it out for you."

"I try to think... Would I say this to someone [of] a different gender [or] person of color?"

# In-person feedback is preferred; written feedback is only effective when preceded by correlating verbal feedback

"[The] delay and one-way temporality of [written feedback]. There's no dialogue... you can't ask for clarification or further advice or detail."



Table 1. Primary focus group questions.

1. What year in residency are each of you?
2. How would you describe your program's approach to delivering feedback?
3. Tell me about your experience of feedback in your residency training.
4. What do you think has worked well regarding feedback in your residency training?
  - a. Think back to a time that stands out as the best feedback you received. What did that look like? What, specifically went well?
5. What do you think could be improved or done differently?
  - a. Now, think back to a time that stands out as the worst feedback you received. What did that look like? What specifically went poorly, and how could that interaction have been improved?
6. Do you think that residents that are considered Underrepresented Minorities (URM) receive different treatment or have different experiences in relation to feedback? (URM in medicine: anyone who is not White male or Asian male.)
7. The ACGME survey occurs once a year to assess annual performance with regards to resident satisfaction with feedback. Among residency programs at UNM, resident satisfaction with faculty feedback is quite variable. Resident satisfaction scores range from 25% to 100%. We consider 80% a satisfactory number.
  - a. Where do you think your program scored in 2020-2021?
  - b. What would you score your program currently?
  - c. The actual question says, "Overall, how satisfied have you been with the feedback you have received from faculty during rotations or after all major educational assignments this academic year?" Your program scored [XX%] last academic year (2020-2021). (Mention any discrepancies in where they thought their program would've scored, where it actually scored, and what they said they would score.) Tell me about why you think these numbers are so different.
  - d. What do you think this score is based on?
  - e. If you could do one thing to make this score better, what would it be?
8. Is there anything else you would like to share?

Table 2: Demographics gathered through online survey and focus group discussions.

	N	%
Participants	39	100
Completed demographic questionnaire*	37	95
Gender*		
Male	16	43
Female	21	57
Age*		
25-29 years old	14	38
30-34 years old	17	46
35-44 years old	6	16
Ethnicity*		
Hispanic/Latino	5	14
Black/African American	2	5
Native American/American Indian	0	0
Asian/Pacific Islander	5	14
White/Caucasian	20	54
Other	2	5
More than One	3	8
Years in Residency*		
1st Year (Intern)	12	31
2nd Year	12	31
3rd Year	11	28
4th Year	2	5
5th Year	2	5
Residency Department*		
Anesthesiology	2	5
Emergency Medicine	5	13
Family Medicine	4	10
Internal Medicine	5	13
Pediatrics	4	10
Psychiatry	11	28
Otolaryngology	8	21

\*Collected via demographic survey. Two individuals did not complete the survey.  
\* Collected during screening and focus group discussions.

Table 3: Codebook with description of themes/codes, the number of focus groups and residents that mentioned each theme.

Theme/Code	Description	N Focus Groups	N Residents	N Quotes
Less valuable	Feedback that was perceived as less valuable (double code with items below).	7	35	138
Worked well	What has worked well regarding feedback in residency training (double code with items below).	7	34	188
Clear Expectations, Goals	Attendings giving clear expectations and/or having structured feedback that can motivate the team.	6	11	13
Compliment sandwich	Comments related to the "compliment sandwich."	3	8	10
No feedback or demands	Receiving no feedback or attendings giving orders instead of feedback.	6	14	13
In-person, verbal	Feedback that is done in-person and/or verbally.	7	23	44
Intentional, specific	Intentional, specific, actionable, constructive, or personalized feedback.	7	32	107
Public shaming, humiliation	Public shaming/humiliation as feedback.	5	9	9
Reciprocal Feedback	Resident to resident feedback or resident to attending feedback.	6	12	19
Sympathy towards attendings	Understanding attendings are busy (volume of pts, winter seasons, admin tasks).	1	4	8
Take initiative	Seeking feedback to receive it.	7	18	30
Timely	Receiving timely feedback.	7	19	34
URM	Related to URM identifies (gender, race, ethnicity, culture, language, country of origin). Includes experiences with discrimination.	7	29	72
Written, electronic feedback	Written or electronic feedback. Often referred to as "formal" and sometimes "New Innovations."	5	17	53

### References QR Code



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