Written Feedback: A Project for Tailoring Feedback Education for Clinical Reasoning

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BACKGROUND

Feedback plays an integral role in the development of physicians' clinical reasoning. With changes in regulations and health care delivery, residents are receiving less direct feedback on initial management decisions.[1,3] At our institution, Internal Medicine residents on a night admitting team complete admissions and distribute them in the morning to their colleagues. As part of a larger trial to increase the amount of feedback given to residents (LOOP Trial), we sought to analyze the types of feedback residents and attendings give.

OBJECTIVES

Through use of a standardized feedback form, we aimed to:

1. Increase the quantity and quality of feedback given to night time admitting residents from day time residents and attending physicians through the course of the patient's disease evolution
2. Analyze feedback preferences used by both residents and attendings
3. Determine perceived utility of feedback by learners

METHODS

Internal Medicine residents and attending physicians participated in this study. A formal written process (Figure 2) to deliver feedback was developed by modifying the Loop feedback form, which had been previously used in the University of Minnesota LOOP study for increasing feedback.[1,3] Prizes were given weekly to the resident who completed the highest number of feedback forms.

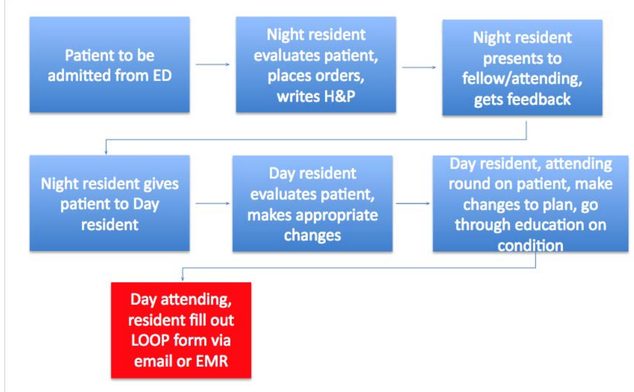

Figure 1: Process map of typical workflow for night admissions, with addition of LOOP feedback form.

METHODS

LOOP FEEDBACK FORM
Please make sure to send to Night MAR who completed the admission as well as Evan Caruso.

Patient Initials:

Primary Diagnosis(es)
MAR primary diagnosis: ***
Day Team primary diagnosis: ***

1) Diagnostic/Management comments (feedback on admission and overnight management)
If the diagnosis changed, why? If not, other comments on initial diagnostics/management
Examples:
If you're concerned about stroke, consider checking for hypoglycemia.
If a patient has acute kidney injury, consider explicitly asking about OTC NSAID use.
Something didn't fit: Diverticulitis causing abdominal pain didn't explain her 50 lb weight loss.

- If you're concerned about ***, consider ***
- If a patient has ***, consider ***
- Something didn't fit: ***
- ***

2) Clinical Update (Day-time case evolution/Teaching points discussed on rounds)
What went well and what did the team learn from this case?

***

3) MAR questions about diagnosis and management to be answered by the day team (if "to consider" was written in the H+P please respond here)

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This feedback form is part of a study to improve clinical reasoning through rapid, peer feedback. The contents of this form are not meant to be part of the medical record or guide patient care.

Figure 2 (above): Sample blank feedback form used by resident and attending physicians. During our study, forms were filled out via email or through our electronic medical reocord via messaging.

RESULTS

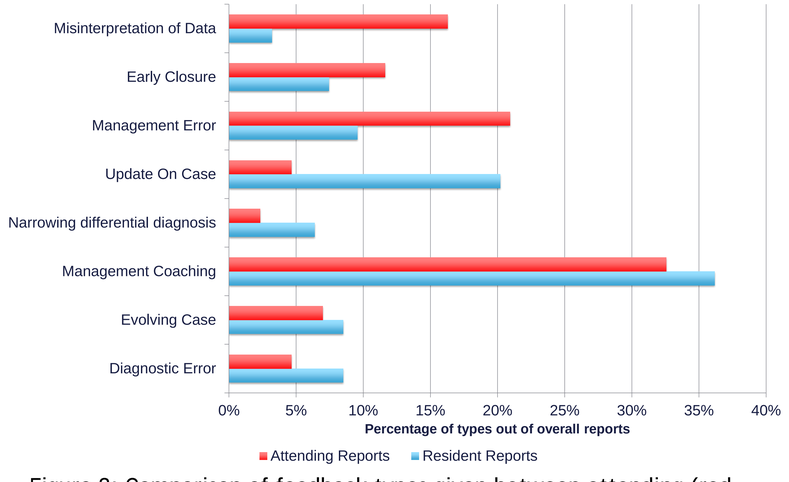

Figure 3: Comparison of feedback types given between attending (red bars) and residents (blue bar), demonstrating demonstrable differences in certain types of feedback given.

RESULTS

The LOOP feedback forms were collected and analyzed; feedback types were defined and categorized by 2 separate reviewers. Through qualitative analysis, eight categories of feedback were identified. These 8 types included: diagnostic error, misinterpretation of data, management error, narrowing of differential diagnosis, early closure, update on case, evolution of case, and management coaching.

Through our analysis, we can qualitatively demonstrate clear differences in the types of feedback given by resident versus attending physicians (Figure 3). Further survey data were collected by the LOOP national study for further evaluation and publication at a later date.

DISCUSSION/REFLECTION

Through written formal feedback, we identified the types of feedback physicians give at different levels of training. By identifying the most common types of feedback overall and by training level, we better define the educator role of each group. We will use this information to tailor specific areas for feedback education, refining each group's strongest feedback preference and improving their weakest.

By providing a structured and positive forum for written feedback, initial resistance by residents, due to a perceived increase in daily work, was replaced by active participation on the part of many residents. The night admitting residents desire to improve their clinical skills coupled with an objective means for day time residents to provide constructive and structured feedback shifted our culture of feedback in a positive direction, encouraging an easy flow of feedback from all levels of training to the night team taking care of ill patients.

REFERENCES

1. Bump GM, Zimmer SM, McNeil MA, Elnicki DM. Hold-over admissions: are they educational for residents? J Gen Intern Med. 2014;29(3):463-467. http://dx.doi.org/10.1007/s11606-013-2667-y
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3. Lane K, Rhodes M, Olson A. Diagnostic Reasoning Feedback: Improving Diagnostic Reasoning Skills and Feedback Satisfaction Through Structured Peer Feedback. MedEdPORTAL. 2016;12:10340. https://doi.org/10.15766/mep_2374-8265.10340