

# Optimizing Feedback Strategies on the Infectious Diseases Inpatient Service: A Multi-Generational Conversation

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## BACKGROUND

Timely, efficient, and effective feedback strategies are crucial for enhancing faculty-trainee communication and trainee education. Here we describe attitudes, practices, and perceived behaviors regarding giving feedback to trainees rotating on Infectious Diseases (ID) inpatient consult services.

## METHODS & DEFINITIONS

An anonymous, written survey on rounding/feedback strategies was distributed to the BCM ID Section in February 2020 as part of a facilitated discussion on optimizing clinical education for ID trainees.

**"Rounding"** = The agreed-upon time during the workday that faculty and trainees discuss the patient care plan together (does NOT include "pre-rounding," chart-review, or notes).

**"Feedback"** = Specific information about the comparison between a person's observed performance and a standard, given with the intent to improve the person's performance (**formal** feedback = planned, **informal** feedback = in the moment)

## RESULTS

- 26 ID Section members completed the survey (18 faculty, 8 trainees). Two faculty members declined participation.

Table 1: Survey Participant Demographics

Variable	Faculty (n=18)	Trainee (n=8)	All (n=26)
Age			
≤30	0	2	2 (7.7%)
Group			
31-40	6	6	12 (46.2%)
41-50	6	0	6 (23.1%)
51-60	3	0	3 (11.5%)
>60	3	0	3 (11.5%)
Prefer not to respond	0	0	0 (0%)
Gender			
Female	11	6	17 (65.4%)
Male	7	2	9 (34.6%)
Prefer not to respond	0	0	0 (0%)

## RESULTS

### Trainee Responses

#### Do conversations about team expectations occur?

12.5% "never occur," 50% "sometimes occur," 37.5% "often occur," 0% "always occur"

#### How often should formal feedback be given?

87.5% "halfway," 50% "at the end," 12.5% "as needed"

#### Do you use a feedback tool/system?

0% use a feedback tool

#### Are trainees comfortable voicing concerns to faculty?

0% "never comfortable," 71.4% "sometimes comfortable," 28.6% "often comfortable," and 0% "always comfortable"

#### Do trainees get enough feedback?

42.9% want more feedback, 57.1% felt that they receive adequate feedback

#### How comfortable do you feel giving feedback to faculty?

14.3% "never comfortable," 71.4% "sometimes comfortable," 14.3% "often comfortable," 0% "always comfortable"

### Faculty Responses

0% "never occur," 11.8% "sometimes occur," 11.8% "often occur," 76.4% "always occur"

72.2% "halfway," 77.8% "at the end," 66.7% "as needed"

33.3% use a feedback tool

0% "never comfortable," 70.6% "sometimes comfortable," 17.6% "often comfortable," and 11.8% "always comfortable"

#### Do you explicitly use the term "feedback" when discussing feedback with trainees?

72.2% do, 22.2% do not, 5.6% do not give feedback unless asked by trainee

#### Do you encourage or provide opportunities for trainees to give feedback to faculty?

88.9% do, 11.1% do not

## CONCLUSIONS

- We found important differences between faculty and trainees regarding two important aspects of medical education: **setting expectations** and **providing feedback**.
- While most faculty feel that conversations regarding these topics occur invariably, trainees do not always share this perception.
- Trainees felt less comfortable voicing concerns and giving feedback to faculty than faculty perceived them to be.
- Overall, the data suggest that there is room for improvement to ensure that trainees and faculty are operating from a shared mental model regarding setting team expectations and providing/receiving feedback.
- Educating faculty and trainees about available feedback tools may make giving feedback easier, which in turn may lead to improved communication between faculty and trainees as well as more frequent feedback sessions.

## FUTURE DIRECTIONS

Educational information about effective feedback tools used in medical education will be distributed to the BCM ID section in December 2020. We plan to repeat the survey described in the methods section in 6-12 months to evaluate whether learning a feedback tool helped fellows and faculty improve their feedback skills.

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