

Growing a Culture of Feedback in Emergency Medicine: a Multi-Faceted Curriculum Design and Incentive

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Background

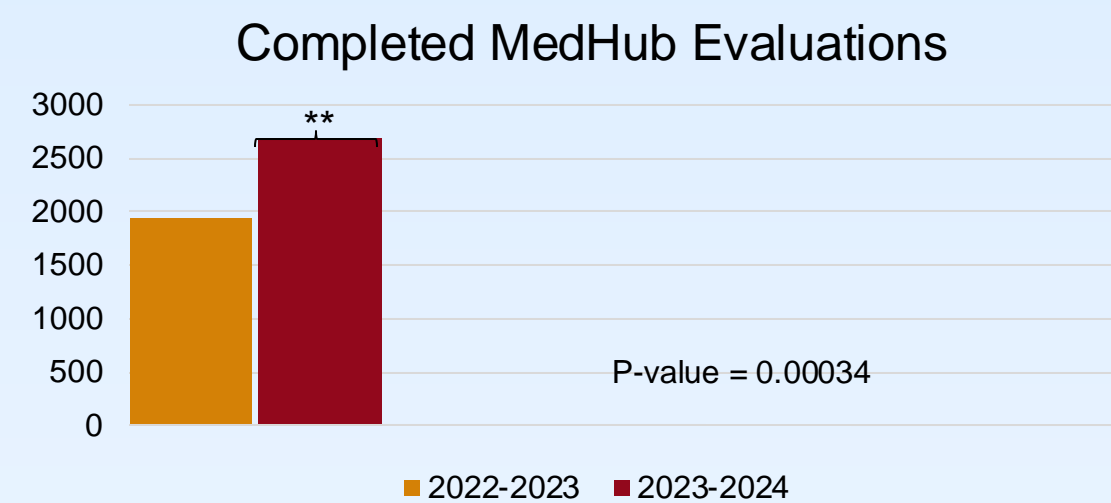
Feedback is a cornerstone of resident education. Actionable and timely feedback, provided during and after shifts and in written format, is pivotal to resident advancement and compliance with GME milestones (1). The Emergency Department (ED) is a particularly challenging learning environment due to time constraints, regular interruptions, and the nature of shift-based scheduling impacting resident and attending overlap (2). We hypothesized that we could improve the quantity and quality of feedback Emergency Medicine (EM) residents received via an intervention that combined an educational curriculum for faculty and monetary incentives.

Methods

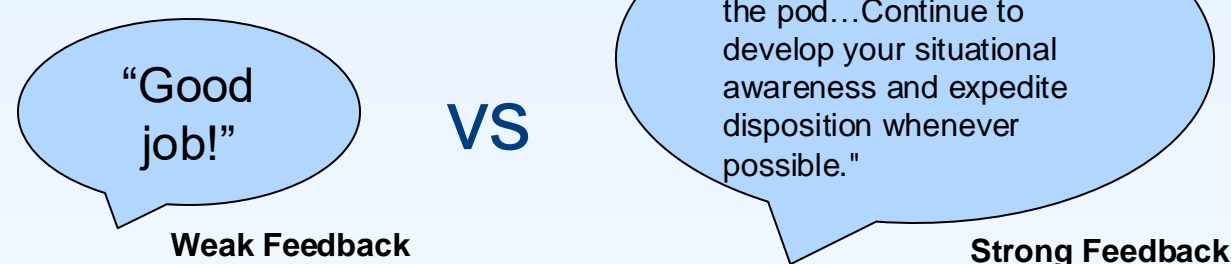
- We designed and implemented a faculty development curriculum on feedback that included lectures, small group workshops, and targeted feedback on their resident MedHub evaluation forms.
- Clinical faculty were provided with a monetary incentive for feedback compliance.
- The number of completed faculty feedback evaluations was tracked and reported from MedHub.
- We also sought informal feedback from residents about their satisfaction with the evaluations they received.

Results

The number of completed evaluations increased by 38%, with a year-over-year increase of 741 completed resident evaluations in MedHub.



We also observed a marked improvement in the quality of feedback. For example:



Residents have responded favorably to the changes, highlighting the improved structure, timeliness, and effectiveness of the feedback process since implementing these interventions:

"Last year, towards the end of the year, I did notice better on-shift feedback."

"I get a lot more evals filled out overall... I have consistently gotten better on-shift feedback with more attendings than in MedHub, so I appreciate the improvement."

"It's so variable from person to person. As a group, I saw a huge difference in feedback between RMH attendings and strictly NRV attendings."

Conclusions and Future Directions

Conclusions:

- A multi-pronged approach improved the quantity and quality of faculty feedback to residents.
- Curriculum development for clinical faculty and pay incentives increased assessment and signaled a cultural shift integral to quality resident education.

Next Steps:

- Develop a scoring model and use AI assistance to quantify the improvement in feedback quality.
- Assess whether curriculum development or the monetary incentive had the most impact on faculty feedback behaviors.
- Formal analysis of resident satisfaction with faculty feedback.

References

1. Carr BM, O'Neil A, Lohse C, Heller S, and Colletti JE. Bridging the gap to effective feedback in residency training: perceptions of trainees and teachers. *BMC Med Educ.* 2018; 18:225.
2. Buckley C, Natesan S, Breslin A, and Gottlieb M. Finessing feedback: recommendations for effective feedback in the Emergency Department. *Ann Emerg Med.* 2020 Mar; 75(3):445-451.