Providing AC2Tionable Feedback Improves Resident & Fellow Satisfaction

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Introduction
Feedback
- Feedback is an essential component of the learning process
- It is a required element for graduate medical education (GME) program accreditation
- Evidence Re: Challenges to Successful Feedback
  - Feedback is often among the lowest rated items on learners’ evaluations of teachers
  - It is stressful for learners/teachers alike
  - It is not actionable
- Actionable feedback must include
  - Current performance (omission/commission, deficient/error)
  - The desired goal performance (the gap)
  - A stepwise approach to bridging that performance gap with strategies and resources

Key Elements of Actionable Feedback

- Unfortunately, one or more of these elements are often omitted rendering most feedback unactionable.

Current Literature
- Feedback is conceptualized as a growth-oriented, reciprocal relationship
- Limited focuses on enhancing both learner’s and teacher’s ability to mutually assure that feedback is actionable

Aims
1. To educate learners and teachers to seek/provide actionable feedback
2. To determine if residents’/fellows’ ratings of feedback improve

References

Methods
- PARTICIPANTS: All faculty & trainees in our Accreditation Council on Graduate Medical Education (ACGME) approved residency/fellowship programs
- TIME FRAME: 2-year intervention period
- INTERVENTION: Participants expected to attend a 45-minute AC2Tionable feedback session
- Current core elements of AC2Tionable feedback were highlighted from both a faculty & learner perspective using AC2T model:
  - A = Ask for feedback
  - C1 = Clarify if any actionable feedback elements were omitted
  - C2 = Consider what steps you will take/Coach to support learning and growth
  - T = Say Thanks as feedback is a dynamic relationship

Results
- All residents/fellows annually complete an ACGME administered program evaluation
- One item focuses on feedback – Am "satisfied with feedback"
- Five Point Scale: "Extremely Satisfied" to "Not at All Satisfied"
- In each of the 2 years prior to AC2T implementation our ACGME mean rating significantly below national mean by 0.4
- Response rate > 98%: 2017= 139/141; 2018=163/167
- Post AC2T education feedback item ratings:
  - Year 1 improved to .20 below national mean | Response rate 99% [168/170]
  - Year 2 increased another .20 reaching the national mean | Response rate 85% during pandemic [152/179]

Data & Analysis
- ACGME administered resident/fellow survey results for our sponsoring institution vs national mean plotted over 4 years:
  - 2 years prior to AC2T
  - 2 years of AC2T implementation

Standard Deviation From National Mean for Item “Satisfied with Feedback” Pre/Post AC2T

Representative Comments: “I…”
- Say thanks after feedback
- Ask for more actionable feedback
- Learned that a particular communication style I was using was viewed as intimidating
- Gained insight into what is helpful / not helpful in regard to my educational approaches. Helped me revise / make changes in my educational approaches.

Conclusions
- Brief, focused training on AC2Tionable feedback elements were associated with improved feedback ratings over a 2-year period
- Approach is easily generalizable and feasible for other programs
- Refresher sessions with inclusion in new resident/fellow and faculty onboarding essential to sustain approach
- Focusing learner and faculty development on key elements of actionable feedback is associated with dramatic improvement in feedback ratings

Gap Analysis

- New Resources and Strategies to Get There
- Discovery Stage
- Experiment Stage
- Outcome Stage
- Growth Learning Mindset
- ASK: Frame “ask” to improve to next step; Be Specific, focused, consider who, when, where
- ANSWER: Actionable = “clarify”
  1. Performance (Current Goal=Catch)
  2. Next Steps
  3. Resources Strategies