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# Survey of resident physician and attending physician feedback perceptions: There is still work to be done

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## Abstract

Feedback is essential for resident physician (RP) personal and professional growth. The goal of this study was to explore RP and attending physician (AP) perceptions of feedback. Two online surveys (one for RPs and one for APs) were distributed. One hundred twenty two responses were received, of which 67 were RPs and 55 were APs. Although the majority of RP and AP agree that feedback is essential for resident formation, there was a statistical difference between these groups,  $P=0.04$  (RPs 91% versus APs 80%) with residents more likely to agree and strongly agree with this sentiment. Thirty one percent of APs report giving daily feedback, while only 9% of RPs report receiving daily feedback. Resident physicians are more dissatisfied with the quality of the feedback (40%) rather than the amount of feedback (34%). When providing feedback to their AP only 33% of RP versus 83% of APs provide honest and balanced feedback ( $P\leq 0.001$ ). RPs desire feedback that is specific, prompt, private, personalized and face-to-face. This knowledge and skills gap presents an important opportunity to incorporate feedback training into residencies to ensure that the dermatologists of the future are not only medically competent, but also competent in providing feedback to future generations.

*Keywords: feedback, residents, attending, survey*

## Introduction

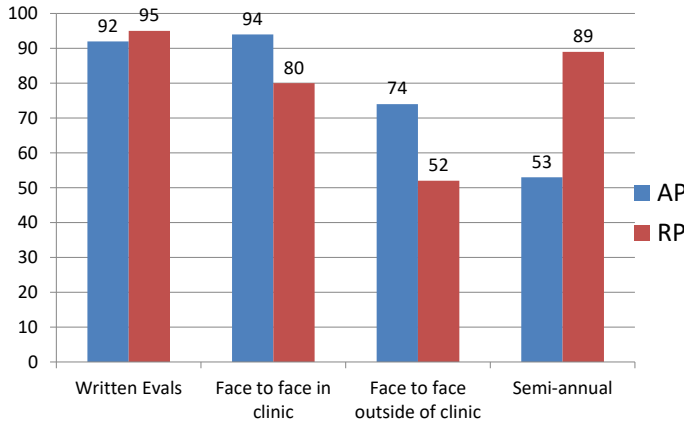
Feedback is defined as providing detailed information about a person's performance compared to a desired standard performance with the intent to improve performance [1]. Humans lack the ability to accurately self-assess, and thus

supportive and instructive feedback is a requirement for personal and professional growth [2]. Despite the critical importance of giving and receiving feedback, historically these skills have not been taught to physicians and physicians in training, resulting in a knowledge gap [3]. Studies have shown that residents are not able to recognize when they are being given feedback and that faculty lack evidence-based skills in providing feedback [3-5]. Feedback modifies resident physicians' (RPs) performance if it is standardized, provided by a respected and reliable person, non-judgmental, positively framed, specific, frequent, timely, and with defined goals and an action plan [5].

The goal of this study was to explore RP and attending physician (AP) perceptions of providing and receiving feedback. Two online surveys (one for RPs and one for APs) were distributed through the Association of Professors of Dermatology with a request to disseminate to residency programs ([Appendix](#)). Responses were assessed by Likert scales and subsequently compared with t-tests. The study protocol was approved by the Institutional Review Board at Oregon Health & Science University.

One hundred twenty-two responses were received, of which 67 were RPs and 55 were APs. Resident physicians were post-graduate year (PGY)2s (39%), PGY3s (32%), and PGY4s (28%). Attending physicians were assistant professors (27%), associate professors (20%), professors (29%), instructors and volunteer faculty (24%). Forty percent of APs were program directors and 9% were chairs.

Although the majority of RP and AP agree that feedback is essential for resident formation, there was a statistical difference between these groups  $P=0.04$  (RPs 91% vs APs 80%) with residents more



**Figure 1.** Types of feedback provided Attending physician (AP) and received Resident physician (RP).

likely to agree and strongly agree with this sentiment. Thirty one percent of APs report giving daily feedback, while only 9% of RPs report receiving daily feedback (**Figure 1**).

Resident physicians are more dissatisfied with the quality of the feedback (40%) rather than the amount of feedback (34%) they are receiving (**Figure 2**). When compared to AP, there were no statistically significant differences between RP and AP regarding the amount of feedback (P=0.3) or the quality of feedback (P=0.5) that was being provided/received. Attending physicians reported time as the most common barrier to providing feedback (79%). Only 33% of RP versus 83% of APs provide honest and balanced feedback (P<0.001). When providing feedback to their APs the majority of RPs felt unable to provide honest feedback because of the medical hierarchy. In addition, 45% of APs reported being dissatisfied or neutral about their skills in providing feedback and 40% of RPs reported being dissatisfied

or neutral about their APs’ skills in providing feedback.

### Discussion

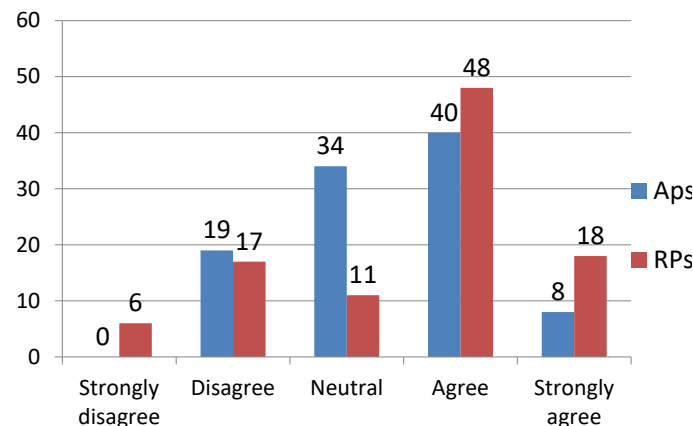
Feedback is considered an integral tool for personal and professional development [1-3]. Providing effective feedback is a difficult skill that must be taught and practiced [3-5]. Our survey found that the majority of APs were dissatisfied or neutral with the amount of feedback they were providing and 45% were dissatisfied or neutral with their feedback skills. Resident physicians are more dissatisfied with the quality rather than the quantity of the feedback they are receiving. Resident physicians desire feedback that is specific, prompt, private, personalized, and face-to-face. Limitations of this study include our inability to calculate response rate and the small sample size.

### Conclusion

This knowledge and skills gap present an important opportunity for dermatology educators and leaders to work together to incorporate feedback training into residencies and educational meetings to ensure that the dermatologists of the future are not only medically competent, but also competent in providing feedback to future generations.

### Potential conflicts of interest

The authors declare no conflicts of interests.



**Figure 2.** I receive/I provide enough feedback.

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## Appendix

### Dermatology Resident Perspective on Feedback

1. Current age in years:
2. I am a:
  - a. PGY2
  - b. PGY3
  - c. PGY4
  - d. Other (please specify)
3. Gender
4. How do you receive feedback? Mark all that apply:
  - a. Written evaluations
  - b. Face to face conversations in clinic
  - c. Face to face conversations outside clinic
  - d. Semiannual report
  - e. Other (Please specify)
5. How often do you receive feedback? Mark all that apply:
  - a. 1-2 days a week
  - b. 3-4 days a week
  - c. Daily feedback
  - d. Once a month
  - e. Once every 3 months
  - f. Once every 6 months
  - g. Once a year
  - h. Other (please specify)
6. Feedback is essential for resident formation and learning.
  - a. Strongly disagree
  - b. Disagree
  - c. Neutral
  - d. Agree
  - e. Strongly agree
7. I receive enough feedback.
  - a. Strongly disagree
  - b. Disagree
  - c. Neutral
  - d. Agree
  - e. Strongly agree
8. I am satisfied by the way I receive feedback.
  - a. Strongly disagree
  - b. Disagree
  - c. Neutral
  - d. Agree
  - e. Strongly agree
9. The feedback I receive helps me improve in which of the following ways? Mark all that apply:
  - a. Does not help me to improve
  - b. Helps improve clinical skills
  - c. Helps improve overall fund of knowledge
  - d. Helps improve overall fund of knowledge
  - e. Helps improve professionalism
  - f. Other (please specify)

10. I usually get feedback regarding: \_\_\_\_\_ Mark all that apply:
- Positive interaction or positive behavior
  - Fund of knowledge
  - Clinical skills
  - Communication skills
  - Documentation
  - Evidence based decision-making
  - Management of patients and medical decision making
  - Professionalism
  - Other (please specify)
11. What are the barriers to providing feedback to your attendings? Mark all that apply:
- Lack of private place to talk
  - I feel judged when providing feedback
  - The attendings do not receive feedback well
  - I don't feel skilled giving feedback
  - Faculty-resident relationship
  - Hierarchy barriers
  - Time barriers
  - Other (please specify)
12. I provide honest and balanced feedback.
- Strongly disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly agree
13. Please provide an example of a negative or positive experience of receiving feedback and how you plan to improve upon this experience in the future.

### Dermatology Faculty Perspective on Feedback

14. Current age in years:
15. Number of years that you have served as an attending physician:
16. I am a:
- Program director
  - Chair
  - Assistant professor
  - Associate professor
  - Professor
  - Instructor
  - Other (please specify)
17. Gender:
18. How do you provide feedback? Mark all that apply:
- Written evaluations
  - Face to face conversation in clinic
  - Face to face conversation outside of clinic
  - Semiannual report
  - I don't provide feedback
  - Other (please specify)
19. How often do you provide feedback? Mark all that apply:
- 1-2 days a week
  - 3-4 days a week
  - Daily feedback
  - Once a month
  - Once every 3 months
  - Once every 6 months

- g) Once a year
  - h) Other (please specify)
20. Feedback is essential for resident formation and learning.
- a) Strongly disagree
  - b) Disagree
  - c) Neutral
  - d) Agree
  - e) Strongly agree
21. I am confident that I am providing enough feedback.
- a. Strongly disagree
  - b. Disagree
  - c. Neutral
  - d. Agree
  - e. Strongly agree
22. I am satisfied with the way I provide feedback.
- a. Strongly disagree
  - b. Disagree
  - c. Neutral
  - d. Agree
  - e. Strongly agree
23. The feedback I provide helps the residents to improve in which of the following ways? Click all that apply:
- a) I do not think the feedback I provide helps the residents to improve
  - b) Helps improve clinical skills
  - c) Helps improve overall fund of knowledge
  - d) Helps improve professionalism
  - e) Other (please specify)
24. I usually provide feedback regarding \_\_\_\_\_. Mark all that apply:
- a) Positive interactions or positive behaviors
  - b) Fund of knowledge
  - c) Clinical skills
  - d) Communication skills
  - e) Documentation
  - f) Evidence based decision-making
  - g) Management of patients and medical decision making
  - h) Professionalism
  - i) Other (please specify)
25. What are the barriers to providing feedback? Mark all that apply:
- a) Lack of private place to talk
  - b) I feel judged when providing feedback
  - c) The residents don't receive feedback well
  - d) I do not feel skilled giving feedback
  - e) Faculty-resident relationship
  - f) Time barriers
  - g) Hierarchy barriers
  - h) Concerns for retaliation
  - i) Other (please specify)
26. I provide honest and balanced feedback.
- a) Strongly disagree
  - b) Disagree
  - c) Neutral
  - d) Agree
  - e) Strongly agree
27. Please provide an example of a negative or positive experience of providing feedback and how you would improve upon this experience in the future.