FEEDBACK ON "FEEDBACK" IN GRADUATE MEDICAL EDUCATION

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Background: Internationally, graduate medical education (GME) has evolved using competency based frameworks facilitated by self-directed learning. In this construct, feedback is essential to reinforce good performance, correct deficiencies[1] and facilitate professional development. In the United States, the Accreditation Council for Graduate Medical Education (ACGME) developed milestones to assess resident and fellow competencies.

Objectives: Our purpose was to analyze how "feedback" is considered and characterized by the milestones of ACGME core specialty programs.

Methods: Utilizing quantitative manifest content analysis and qualitative summative content analysis methods, we searched the milestone sets of 28 specialties listed on the ACGME website for "feedback" in terms of frequency, subcompetency language/structure, and role. Characterization of feedback assessment contexts emerged qualitatively as we reviewed instances where feedback was assessed outside of feedback specific milestones. Themes were identified and subsequently, non-feedback specific milestones were subcategorized.

We conducted a literature review on feedback in medical education to elicit optimal techniques for giving and receiving feedback[1-3]. We identified core feedback competencies illustrated by these techniques. We analyzed whether the existing feedback milestones reflected these competencies.

Results/Outcomes/Improvements: "Feedback" was present in all 28 specialty milestone sets (mentioned 1-17 times per program). Feedback was mentioned most frequently in the competency domains of Practice-based Learning and Improvement (93% of programs) and Professionalism (25% of programs). 13/28 programs considered trainees' utilization of feedback to guide self-directed learning, and 3 programs highlighted the use of feedback to evaluate milestone progression. Six of 28 programs delineated feedback specific subcompetencies. The evaluation of feedback was predominantly based on the recipient's response (17 programs). Eleven programs described both giving and receiving feedback. None of the programs evaluated the ability to <u>give</u> feedback alone.

The evidence based feedback best practices which emerged from our literature review were not well represented in the milestones. Of the six programs with feedback specific milestones, five focused on trainees' ability to use feedback to improve practice and modify learning plans. Only 1 of the six programs, anesthesiology, included considerations related to the continuity and frequency with which feedback was sought and incorporated evidence based techniques for optimizing feedback into the milestones[1-3]. The milestones for each of these programs alluded to learner factors, however, they neglected to explicitly consider the other themes related to feedback such as timing, teacher-learner relationships, and environments conducive to feedback[4].

Significance/Implications/Relevance: Our assessment of feedback within milestone sets across the specialties revealed inconsistencies in how feedback is considered across specialties and highlights the discrepant methods used to characterize the trajectory of competence in giving and receiving feedback. Furthermore, there seemed to be limited use of the literature to inform current feedback milestones. We hope our findings will lead to a re-examination of the feedback milestones, enhance standardization across specialties, incorporate evidence based strategies, and improve the teaching and assessment of feedback.

References:

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