Identifying Surgeons' Opinions Regarding Peer Coaching for Continuous Professional Development - an International Survey

S Valanci MD, L Feldman MD, J Fiore Jr PhD, L Lee MD, GM Fried MD, C Mueller MD

Department of Surgery, McGill University, Montreal, Quebec, Canada

The Steinberg-Bernstein Centre for Minimally Invasive Surgery at McGill University

Key message

Peer feedback is rarely utilized in surgery, but there is a high interest and acceptance of the peer coaching model for continuous professional development.

Background:

- Common learning opportunities in surgery infrequently translate into real practice changes due to a lack personalized feedback.
- Peer coaching has been associated with higher rates of practice changes than traditional learning modalities, but uptake among surgeons is low.

Objective:

- To explore international differences regarding surgeons' knowledge and opinions of peer coaching for continuous professional development.

Methods:

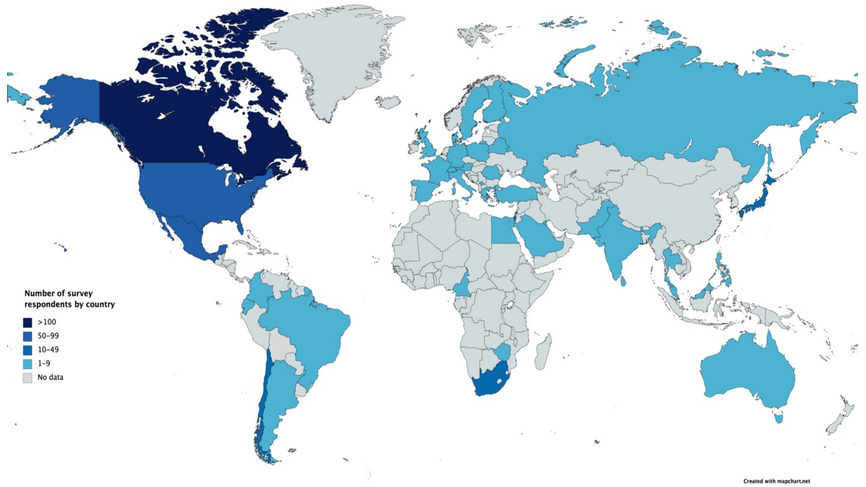
- 32 questions including demographic information
- Invitations were distributed through 13 surgical associations, social media and personal email invitations.
- Recruitment expanded using a snowballing method.
- Responses were obtained between June 1st - August 31st, 2020.

Inclusion criteria:

- Practicing surgeons in general surgery or specialities accepted for fellowship by the American College of Surgeons

Results:

- **521** responses
  - **39** countries:
    - North America 260, 50%
    - Asia 82, 15.7%
    - Europe 32, 6.1%
    - South America 22, 4.2%
    - Africa 16;3.1%
    - Oceania 6;1.2%
  - **Equal** distribution among years in practice
- 53% **awareness** of peer coaching
- 45% **never sought formal feedback** from peers.
- 84% **willing to participate** as coachee or coach:
  - 46% desire **monthly** interactions
    - Depending on specific goals
  - 86% in-person OR sessions vs video or sim
  - 90% prefer coach **known** to them
    - No agreement on senior vs junior coaches
- Desired Characteristics:
  - Personalized goal setting
  - Having meetings to set goals
  - Receiving feedback for own use, private and confidential
  - Opportunity to provide feedback to coach
  - Choose / change coach based on specific learning goals
- Barriers
  - 79% Logistical



There were no obvious differences in desired characteristics or barriers between geographical locations

Conclusions:

- Surgeons infrequently seek formal peer feedback but would be willing to participate in peer coaching programs.
- This survey identified surgeon preferences and perceived barriers to coaching participation, which may be used to guide coaching program design.

References: available upon request