The Limitations of Surgical Hierarchy: A Needs Assessment in Peer Feedback Practices Within a Surgical Residency Program

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Background

Residents report not receiving enough meaningful feedback on clinical skills. Prior studies demonstrate that peer feedback on technical skills improved performance. Additionally, successful residents seek out friendships with mentoring roles within their program.

The **purpose** of this study is to:

- Understand the quantity and quality of the current feedback practices in an independent academic surgical residency program
- Identify opportunities to improve our process and shift hierarchical culture in feedback exchange.

Methods

Design: A needs assessment survey was developed to measure the frequency with which residents receive, give, and desire to receive feedback.

- The quality of feedback was assessed, based on a previously published conceptual framework emphasizing *timeliness, specificity, and actionability.*

Outcomes: Five-point rating scale (1=Not at all to 5=Extremely):

- Comfort giving feedback to, and
- Comfort receiving feedback from residents of differing levels

Statistical Analysis: Non-parametric sign tests were used to compare paired ratings of comfort.

Figure 1: Comfort Receiving Feedback

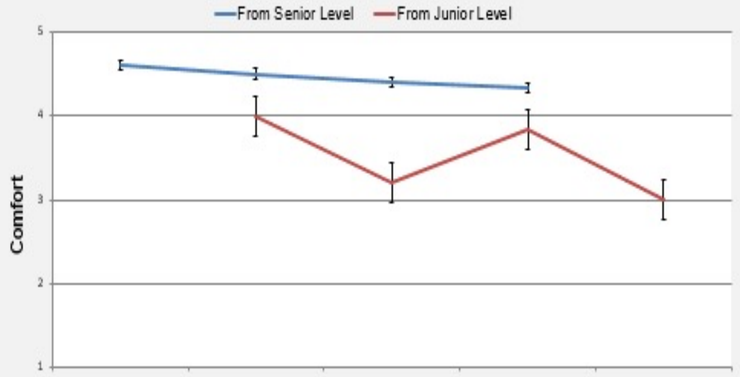
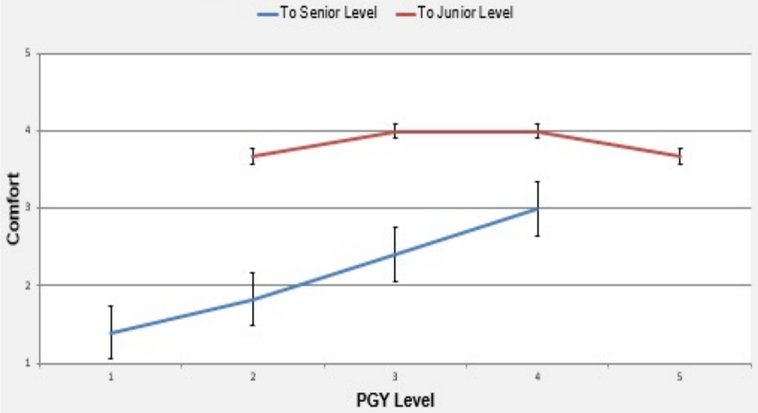


Figure 2: Comfort Giving Feedback



Results

25 of 28 residents included (89%); 96% had prior training in giving feedback.

- **Frequency**: Most felt they should receive (68%) & give (64%) at least weekly
- On a Likert scale (strongly disagree to strongly agree), residents felt neutral about the **quality of feedback** received: timely (mean=3.24), specific (3.40), and actionable (3.44).

Bi-directional feedback (Figure 1 and 2):

- While comfortable with **receiving** feedback from any level (p=0.08), residents were **more comfortable giving feedback to those junior** (median [md]=4) **rather than those senior** (md=2) **to them** (p<0.001).
- Residents were more comfortable receiving feedback from someone junior (md=4) than giving feedback to someone senior (md=2) to them (p=0.002).

Common barriers to effective and valuable feedback: lack of time, hierarchy, misinterpretation/resistance from the receiver, fear of hurt feelings.

Conclusions

This study reveals gaps in the current feedback practices of a residency program that does not have a formal feedback program.

The conclusions of this study highlight:

- Both practical and hierarchical cultural barriers.
- The room for improvement in measured quality of feedback
- The openness to receiving feedback from all levels
- Opportunity for an intervention to curtail hierarchical barriers to quality bidirectional feedback.

Study Impact: Initiated formal feedback training amongst the residents, providing techniques to give quality depersonalized feedback and responses. By allowing weekly bidirectional feedback sessions within the protected educational time, we address time constraints, challenge the current cultural paradigm, and ultimately improve trainee performance.

Disclosures: None

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