

Improving the quality and quantity of informal feedback given to trainees

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Introduction

The Royal College of Anaesthetists (RCOA) states “access to high quality, supportive and constructive feedback is essential for the professional development”¹ of anaesthetic trainees.

We aimed to quantify the current scale and usefulness of informal feedback given to trainees undertaking rotations in anaesthetics at Lincoln County Hospital.

We focussed solely on the provision of informal feedback, i.e. not via WBPAs, MTRs. These are required by the RCOA to evidence progression through the Anaesthetics curriculum and therefore lie outside the scope of this project.

Methods

A questionnaire was sent to all trainees and trainers in anaesthetics at Lincoln County Hospital between August and November 2023.

Results

There were 15 responses from trainees and 11 from trainers.

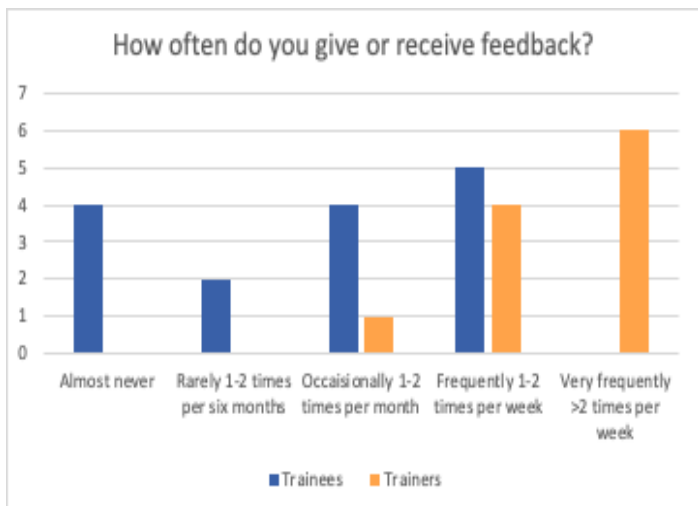


Fig 1. Trainee & trainer responses regarding frequency at which feedback is received and given respectively

66% of trainees felt they received feedback at a frequency of less than twice monthly. In contrast, 91% of supervising anaesthetists felt that they gave feedback more than weekly. Responses from trainees and trainers highlighted a lack of proactivity from trainees in seeking feedback.

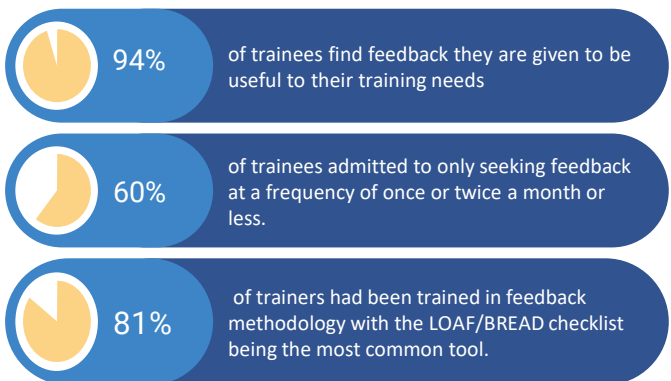


Fig 2. Trainee and trainer responses regarding seeking feedback and feedback training

There were several themes identified from trainees and trainers regarding providing feedback, summarised in figure 3.

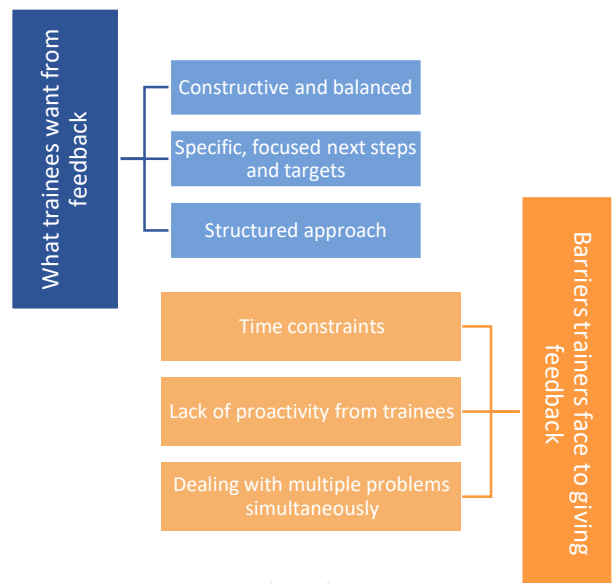


Fig 3. Recurring themes around informal feedback

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Discussion

We identified a disparity between trainee and trainer perceptions of feedback. The use of a structured feedback model such as LOAF/BREAD is a well established method of providing feedback. Utilizing such models may also identify to both parties that feedback is occurring, helping to alleviate this disparity in perception.



Fig 4. The LOAF/BREAD checklist

The RCoA states that seeking learning opportunities and feedback is a shared responsibility between trainers and trainees¹ with the onus on the trainee. This questionnaire highlights this as an area of improvement. Most trainees were aware of the need to request feedback, but both trainees and trainers agreed there are barriers as highlighted in Figure 5.

There are various ways of mitigating these barriers, one of which is the addition of the following questions to the team brief:

“Are there any learning opportunities to be taken from this case?”



Fig 5. Perceived barriers to training for trainees and trainers

If expected training opportunities are highlighted during the brief it is then easier protect them during a busy session. The addition of this question to the brief therefore has the potential to ensure training remains a priority in a busy workplace. This can be applied to anaesthetic trainees and the wider multi-disciplinary team, increasing training opportunities for the entire team.

Conclusions

We recommend the following changes to improve trainee and trainer experiences of feedback:

01

Ask “Are there any learning opportunities to be taken from this case” at the team brief

02

Specify when feedback is being given to trainees

03

Utilise a structured feedback approach such as LOAF/BREAD

References

- 1) RCoA Guidance on Supervision and Feedback, available at: <https://www.rcoa.ac.uk/documents/2021-curriculum-cct-anaesthetics/supervision-feedback>