Feedback in Endoscopy Education – Describing Barriers, Attitudes, Context, And Knowledge (FEEDBACK)

A Qualitative Study of Pediatric GI Trainees and Faculty

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Introduction

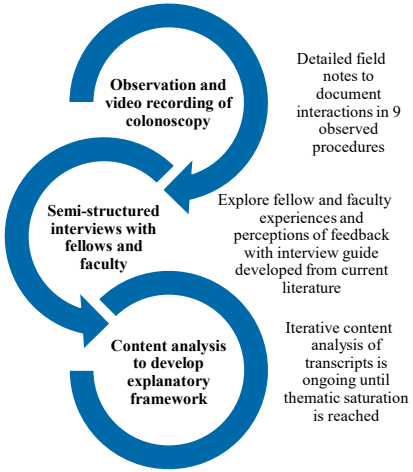
Effective feedback is critical for GI fellows developing endoscopy skills, particularly in colonoscopy. Newer frameworks describe bidirectional feedback as a complex dialogue constructed equally by participants. Few studies describe feedback conversations and application within the context of endoscopy.

Purpose

To explore faculty and trainees' experiences of feedback interactions during endoscopy and how these shape trainees' approaches to seeking, interpreting, and implementing feedback as a tool for learning.

Methods

Multi-phased Qualitative Study with 18 participants



Results

Themes

1. Lack of a Deliberate Practice Framework (goal-oriented mindset and reflection)

Fellows and faculty approach procedures with the primary objective of procedure completion with limited discussion of shared goals, reflection or post-procedure debrief

2. Barriers to Seeking and Delivering Feedback

Fellows view a perceived threat to autonomy and confidence, the hierarchal culture of medicine, and the lack of longitudinal coaching relationships as barriers to effective feedback

3. Filtering Feedback Through Experimentation

Fellows describe the process of experimenting with feedback repeatedly, implementing that which is consistently successful and rejecting feedback which is unhelpful or perceived as 'stylistic' or 'idiosyncratic.'

4. Tendency Towards Unidirectional Feedback Dialogues

Fellows and faculty acknowledge that feedback tends toward faculty delivering feedback as opposed to bidirectional conversations with the aim of promoting learner reflection and shared professional growth.

Representative Quotes

Fellow 2: "I think that a majority of the feedback was just kind of around the sort of shared goal of completing the colonoscopy."

Faculty 4: "I think because this procedure went well, I didn't need to debrief because she was able to get to the terminal ileum."

Fellow 1: "I think there are some people who are more prone to taking the scope away from you… I know that if I asked for help, I'm going get my scope taken away. So, I try to just power through and say less during those procedures…"

Fellow 9: "…medicine is a hierarchy. Nobody wants to step out of line. Plus, I don't know how to make them a better teacher, like some people have it and some people don't."

Fellow 2: "I think everyone's a little bit different, so part of training and practice is just finding things that work for you and acknowledging that I'm brand new and I'm still trying to suss that out. So, I think that if it's feedback around something that I'm perceiving that I'm already having difficulty with, then it's something that I'll think about, "OK, I'll try that for a while."

Fellow 9: "In procedures… I think a lot of it would have to come down to the attending making it happen. Because if they don't bring it up, I'm not going to"

Faculty 3: "That this isn't just happening to (fellows)…we want them to take charge of their education and so that it is their right and their responsibility to ask for feedback. Sometimes that can feel exhausting, right?"

Conclusions

From preliminary analysis:

1. Practice and perceptions of feedback during endoscopy teaching encounters do not reflect current feedback frameworks which emphasize mutual negotiation of goals and self-reflection.

1. There is a need to improve feedback literacy, address barriers to effective feedback conversations, and promote a culture of bidirectional feedback.

Implications

The findings of this study will hopefully help to inform proper implementation of relationship-building, goal-setting and bidirectional feedback practices within an endoscopy curriculum.

References

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