

Attending and Resident Satisfaction with Feedback in the Emergency Department

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Objectives: Effective feedback is critical to medical education. Little is known of emergency medicine attending (EMA) and resident (EMR) perceptions of feedback. We aimed to compare EMA and EMR satisfaction with feedback in the emergency department (ED) and hypothesized the two would differ significantly.

Methods: This observational study surveyed EMAs and EMRs at 13 EM residency programs via web-based surveys. The primary outcome was overall satisfaction with feedback in the ED, ranked on a 10-point scale. Additional items addressed specific aspects of feedback and who usually initiates feedback. Responses were compared using a linear generalized estimating equations (GEE) model for overall satisfaction and a logistic GEE model for dichotomized other responses.

Results: The survey was completed by 239/344 (69.5%) EMAs and 271/404 (67.1%) EMRs. Compared with EMRs, EMAs were more satisfied with overall feedback (6.0 vs. 5.3, $p < 0.01$) and were also more satisfied with specific aspects of feedback including: timeliness of feedback (OR 1.6; 95%CI 1.2-2.1); quality of positive feedback (OR 2.5; 2.0-3.1); quality of constructive feedback (OR 1.4; 1.1-1.9); feedback on procedures (OR 1.6; 1.2-2.1); and feedback on evidence-based decision making (OR 1.6; 1.0-2.4). EMAs reported time constraints as the top obstacle to giving feedback and were less likely to answer that effective feedback can be delivered in <2 minutes (OR 0.22; 0.16-0.31). EMAs were more likely to report recently giving adequate feedback than EMRs were to report receiving it (OR 10.2; 7.6-13.6). EMAs were more likely to report that feedback is usually attending-initiated (OR 2.7; 1.9-3.8).

Conclusions: EMA satisfaction with the quality, timeliness, and frequency of feedback given is significantly higher than EMR satisfaction with feedback received. Knowledge of differing EMA and EMR perceptions of who initiates feedback and how long it takes to provide effective feedback may direct future efforts to improve feedback in the ED.