Resident and teacher perceptions of the preceptor field note: a qualitative analysis

Points de vue des résidents et des enseignants sur la feuille de route du superviseur : une analyse qualitative

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Implication Statement

Assessment of clinical teachers is a requirement by family medicine residency programs in Canada. This facilitates feedback to teachers and ensures the curriculum is delivered in an efficient and safe way. To protect resident confidentiality, preceptors often receive their teaching evaluations months to years later. Teachers have requested shorter feedback loops, greater numbers, and more frequent assessments to improve their skills.

The preceptor field note (PFN) is a tool that allows learners to evaluate teachers during a single encounter providing more frequent and immediate feedback. This study documents teachers' and residents' initial impressions of the first iteration of the PFN.

Énoncé des implications de la recherche

L'évaluation des cliniciens enseignants est une exigence des programmes de résidence en médecine familiale au Canada. Elle procure une rétrtoaction aux enseignants et garantit que le programme d'études est dispensé de manière efficace et sûre. Pour protéger la confidentialité des résidents, les superviseurs reçoivent souvent les évaluations de leur enseignement des mois, voire des années plus tard. Les enseignants réclament des boucles de rétroaction plus courtes, et des évaluations plus nombreuses et plus fréquentes afin d'améliorer leurs compétences.

La feuille de route du superviseur (FRS) est un outil qui permet aux apprenants d'évaluer les enseignants au cours d'une seule rencontre et de fournir une rétroaction plus fréquente et plus immédiate. Cette étude rend compte des premières impressions des enseignants et des résidents sur la première itération de la FRS.

Introduction

Medical teachers benefit from timely and constructive feedback from residents to enhance their delivery of teaching materials. In the clinical setting where one-on-one teaching is the norm, preceptors often receive their teacher evaluation forms months to years later. This creates a feedback loop that some feel is "too long to be useful."[1]

At the University of Toronto's (UofT) MD Program, only 30% of teachers ever receive any feedback.[2] According to UoT's Best Practices in Teacher Assessment Working Group and Standardization of Teaching Assessment Working Group, shorter feedback loops[1] and a greater number of frequent assessments[3] are needed. These needs may be addressed with a tool that supplements the existing teacher feedback system at UofT. We created the preceptor field note (PFN), which allows for frequent, immediate feedback based on individual teaching encounters. Our study aims to understand residents' and preceptors' perceptions of the first PFN prototype.

Innovation

The College of Family Physicians of Canada encourages preceptors to complete field notes with their residents to provide real-time formative feedback (i.e., the resident field note).[4] The resident field notes are considered a core component of learner assessment in Family Medicine

Residency programs across Canada.[5] However, in the literature, similar formative evaluation tools for providing feedback on teacher competencies (i.e, one-off formative assessment tools based on a single encounter) do not exist.[6] Our overarching goal is to create such a tool. We used the resident field note as a model to create a teacher assessment tool, called PFN.

Evaluation

After creating a prototype PFN, we invited a convenience sample of all residents and faculty at one teaching site to participate. We interviewed 12 residents through focus groups and 17 teachers through semi-structured interviews to understand their perceptions of the PFN. Participants were shown the prototype PFN and were asked to provide feedback. Interviews were analyzed through inductive thematic analysis.[7] We identified eight themes from the data (Table 1).

There was a positive response to the PFN. The participants appreciated the timeliness of the feedback occurring shortly after a clinical teaching encounter and liked that the PFN facilitates conversation and focuses on qualitative feedback.

Weaknesses were lack of confidentiality with the perception of a power-imbalance between learners and teachers. Some feared that teachers may not implement the feedback, making honest feedback not worth the risk. The feedback in Table 1 will be useful in designing the next iteration of the PFN.

Table 1. Residents' (R) and Teachers' (T) perceptions of current teacher feedback processes/ LACT form and PFN form

Themes	Resident and Teacher Perception	Participants' proposed Solutions/Improvements (if any)	Excerpts from Data
Strengths	Timely feedback (T) Ability to receive qualitative feedback (T) Facilitates conversation with students (T) Opportunity to get constructive feedback (T)	Use the CanMEDS roles as a framework for the PFN Add a numerical component to teaching dimensions using a Likert scale to obtain quantitative data	"I count this as real time in-the-moment, because a lot of the time it's hard to remember what happened two weeks ago. So, this is nice because this is immediate. And I feel like once the immediate feedback is given, it could be applied right away the next day. So, this is good. I like this." Teacher
Resistance to Change	Preceptors may not be open to change (T) May not know how to respond to negative feedback (T)	Pilot the PFN in smaller cohorts and test the PFN tool and process before gradually expanding it to other sites Go through Plan-Do-Study-Act (PDSA) cycles and iterations until a version of the PFN system is created that is acceptable to most users	"…focus should be on changing preceptors' attitudes to facilitate filling out [the PFN] form…" Teacher
Confidentiality	Lack of confidentiality (T & R) Don't want others seeing the PFN (i.e., Chair) (T) Easier to provide negative feedback if it was confidential (R)	Having some level of anonymity, or the option of remaining anonymous when providing feedback with the PFN	"I think I would be more inclined to give positive feedback in the case that it wasn't anonymized." -Resident
Power Imbalance	Power imbalance will impact feedback; will not receive honest feedback (T & R) Discomfort in providing feedback and telling teachers how to do their jobs (R) May impact learner-teacher relationship (R)	Help learner develop skills in providing respectful and constructive feedback Culture of safety and collegiality needs to be built and reinforced in the residency program Posing the PFN as an opportunity for quality improvement as it is less threatening for everyone PFN and feedback should be teacher initiated Asking for feedback and providing feedback should be optional	"I think given the power dynamic between a resident and a preceptor, I feel like it may be a little bit uncomfortable to bring up constructive criticism to someone, especially if you're working with them for the first time" Resident
Workload/burden	Not enough time to complete (T & R) Lack of incentive to complete additional feedback (R) Too long (R)	Need to allocate time within residents' schedule to complete PFN	"With the residents we expect them to finish their notes, their clinical duties, then at the U of T they have to track every encounter in the RPP tool. So, we expect them to do that before they go home and then we're going to expect them to do a PFN and like I say, in theory it sounds really good but again I wonder." Teacher
Accountability	Need to ensure preceptors are reflecting on and implementing student feedback (T & R)	Get small group of peers to discuss their feedback in ensuring that teachers are reflecting on and implementing students' feedback Ask teacher to submit one positive and negative reflection to the chief, so that they could identify ways to improve their teaching. Encourage self-reflection as it is a key part of learning and changing behaviours	"I don't know what action is going to be taken on that. I have no idea about that. There was never any clarity on that. If I flag some rotation, what is going to happen next? I don't make a point that if the feedback is less than 3 there's going to automatically be a flag. But what does the flag mean? I have no idea." Resident

Next steps

There is a need for more informal and frequent feedback for clinical teachers. We collected feedback from the intended end-users of the PFN (i.e., residents and teachers) and plan to use this feedback to improve the PFN. Addressing anonymity, safety and participation during the development stage is paramount to developing a user-friendly tool. We plan to host concurrent faculty development and resident education to support rollout. The next steps of this study include modifying and implementing the PFN based on the feedback we have received.

The PFN is a work in progress, but we believe it could be a valuable supplementary feedback tool for medical teachers.

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