

THE CHALLENGE OF CREATING EFFECTIVE FEEDBACK SYSTEMS FOR JUNIOR DOCTORS

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BACKGROUND

In February 2013 a junior doctor raised concerns about inadequate clinical supervision compromising patient safety. These concerns were voiced via an anonymous deanery questionnaire, bypassing the departmental feedback mechanisms.

The feedback system at that time comprised primarily of a 'Foundation Forum'. This was a monthly departmental meeting, where foundation and CT1 doctors were invited to raise concerns and give face to face feedback. In addition there were 3 nominated consultant tutors and a junior representative, to act as points of contact for raising concerns.

INTRODUCTION

- An audit was conducted to review junior trainee feedback systems within a busy orthopaedic department.
- Our gold standard was the Speaking Up Charter (Whistleblowing summit 2012)

"a service which is open to feedback, and encourages as well as supports its staff to raise concerns." ⁽¹⁾



STANDARDS

All foundation and CT1 doctors should:

- Know the identity of the consultant tutors
- Know the identity of the junior trainee rep
- Have access to a service which is open to feedback and supports them to raise concerns

METHODS

We used a questionnaire to assess how well the current feedback system complied with the gold standard. The questions assessed the 3 standards shown above.

REFERENCES

- Royle D. *The Speaking Up Charter: proceedings of the Whistleblowing Summit, 30 May 2012*; NHS Employers; 2012
- Collins B. (2002) Meeting employee expectations: exploring change through employee feedback. *Journal of Environmental Health* 7 (30-33).
- Farrell M., George V., Brukwitzki G. & Burke L. (2002) Trust through feedback to the chief nurse executive: preliminary results of a pilot study to evaluate performance competence (on the scene). *Nursing Administration Quarterly*. 26(26-34).
- Farrell M. (2004) Evaluating the chief nurse executive. *JONA* 34 (458-462).
- Olson H. (1996) A progressive management tool. *Medical-Surgical Nursing*. (5)201-203.
- Willard J. (2000) When releasing a temp nurse give the agency good feedback. *Nursing Management* 31(19). Available at: <http://www.nursingmanagement.com>

FIRST AUDIT CYCLE

Foundation forum supports honest feedback	Knew identity of consultant tutors	Knew identity of junior rep
35%	60%	80%

"Foundation forum isn't ideal. I wouldn't feel confident raising concerns in front of so many people"

"It's easier to feedback to peers, they're more approachable and accessible"

RESEARCH

A literature review revealed numerous studies that supported our finding that face to face feedback is less effective than anonymous feedback.

"Face to face feedback was diplomatic rather than critical" ⁽²⁾

"maintaining anonymity encourages a higher level of compliance and quality of response" ⁽³⁻⁶⁾

ACTIONS

- Anonymous online questionnaire to replace the Foundation Forum.
- Junior representative to manage the questionnaire.
- Junior doctor departmental induction to include information about the junior rep role and identity of consultant tutors.

RECOMMENDATIONS

From our findings we recommend:

- Junior rep role essential for good communication between senior clinicians and junior doctors.
- Use of anonymous questionnaires for obtaining feedback.
- Questionnaires to be managed by junior reps as they are highly trusted.
- Consultant tutors to support and champion the junior rep.
- Leadership training for junior doctors and senior clinicians to facilitate a better dialogue.

SECOND AUDIT CYCLE

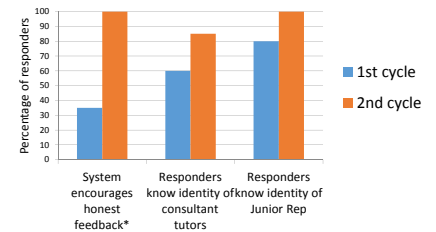


Figure 1. Graph comparing questionnaire responses in the 1st and 2nd audit cycle. *1st cycle = foundation forum, 2nd cycle = anonymous questionnaire

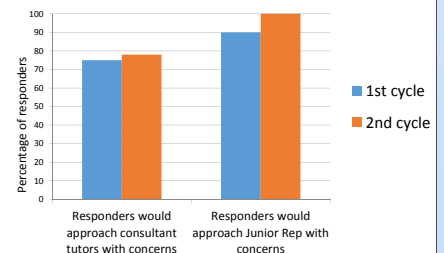


Figure 2. Graph comparing questionnaire responses in 1st and 2nd audit cycle.

- The anonymous questionnaire is better than the foundation forum for obtaining honest feedback, see figure 1.
- Changes to induction and the junior rep role have better advertised the identity of the rep and tutors, see figure 1.
- Junior rep perceived as more approachable than the consultant tutors, see figure 2.

OUR EXPERIENCE

Positive	Negative
Supportive consultant tutor	We were apprehensive to criticise the system
Department enthusiastic to embrace suggestions	No clear pathway for service improvement projects

Junior committee

- A committee comprised of junior representatives from the main specialities.
- Stronger collective voice for raising concerns
- Opportunity to share ideas for more effective service improvement.

Using this model will engage junior doctors in service improvement in addition to developing leadership skills. Both of these are vital if we are to maximise the potential of the NHS, its employees and provide the best possible care for patients.

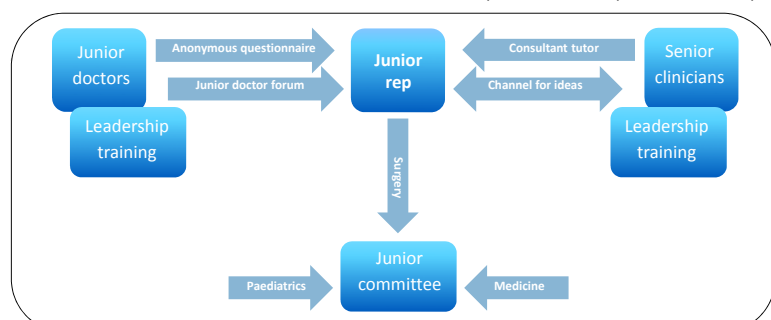


Figure 3. Suggested model for encouraging junior doctor feedback and promoting leadership skills.