

The Effect of Anonymity on Quality of Resident Feedback  
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BACKGROUND

- Quality feedback is critical to facilitate better performance and quicker learning.
- Learners often cite quality of feedback as poor
- Time constraints, ineffective teaching, and fear of retaliation may prohibit delivery of honest, complete, and actionable feedback.
- “Task, Gap, Action” Model for Effective Feedback

OBJECTIVE

- It is unknown the degree to which anonymity, eliminating the “fear of retaliation,” may improve the quality of feedback provided to trainees.
- We evaluated the impact of faculty anonymity on the quality of faculty-to-resident feedback.
- We hypothesized a change to an anonymous delivery system may promote more candid and constructive feedback.

METHODS

Design:

- A retrospective review was undertaken of faculty evaluation of resident performance from 2017-2018, when evaluations were identifiable, compared to 2018-2019, when evaluations were anonymous.
- Evaluations included
  - 27 individual items- Likert type scoring
  - Two open-ended questions.
- Open-ended responses were de-identified and scored by two reviewers independently using the “task, performance gap, action” scoring model
- Comparisons between groups were performed with the Wilcoxon-Mann-Whitney test.

Setting:

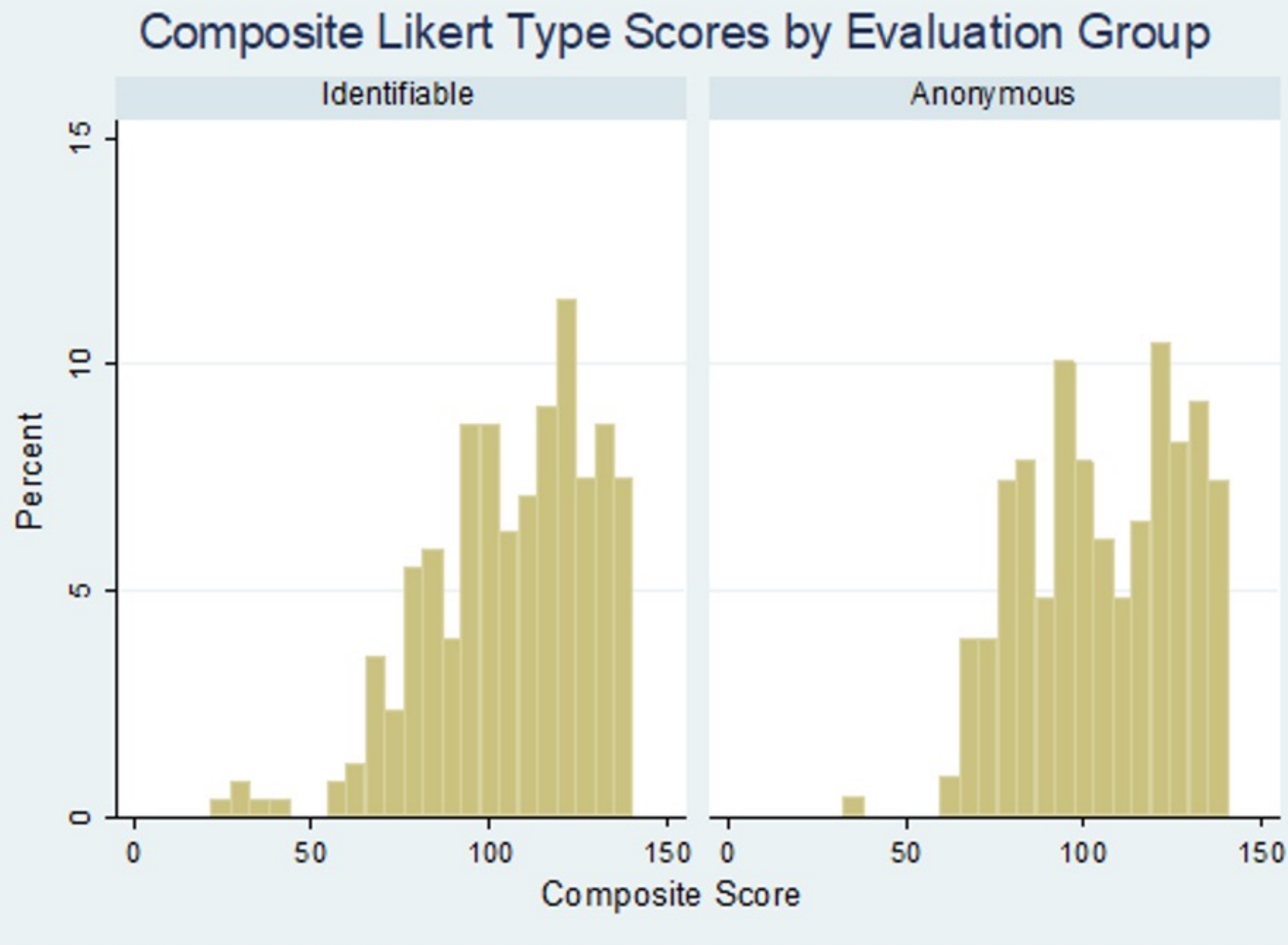
- Tertiary Care Institution, University of Michigan, Ann Arbor, MI

Participants:

- 415 resident performance evaluations
  - 251 in the identifiable group
  - 164 in the anonymous group

RESULTS

- The average composite score for the identifiable group was 105.2 and 103.4 in the anonymous group (p=0.22).
- Distribution of composite scores (Likert type scoring) are seen below
- The effect size of the impact on composite score was small (Cohen’s d 0.084, 95% CI -0.11 to 0.28), not statistically significant



Percent of composite Likert-Type scores (summation of 27 items, range score of 1-5) when feedback is delivered identifiably versus anonymously.

- For the open-ended comments, evaluation of agreement between the two raters showed substantial to almost perfect agreement, with weighted kappa scores of 0.73 for task, 0.80 for performance gap, 0.70 for action, and 0.76 for composite task, performance gap, and action score.
- These values indicate significant reliability of this scoring system for the open-ended feedback.

Item	Identifiable Mean (sd)	Anonymous Mean (sd)	P value (Wilcoxon-Mann-Whitney)
Task	1.94 (0.73)	1.97 (0.74)	0.44
Performance Gap	1.87 (1.03)	1.75 (1.05)	0.25
Action	0.65 (0.89)	0.59 (0.91)	0.20
Composite	4.44 (2.1)	4.29 (2.2)	0.28

- There were no differences between feedback groups in quality of feedback for any of the three components of task, performance gap, and action model.
- Average scores for all three components were low
  - Action scores were lowest

Feedback Scoring Examples	Task	Gap	Action	Total Score
1. Continue to read and prepare for cases.	1	0	1	2
2. Performed consistently at a level higher than expected for a PGY-2, both in terms of otologic knowledge and professionalism.	2	3	0	5
3. Performed at expectations overall. Good surgical skills. A bit disorganized in approach to patient problems and service priorities. Should continue to work on providing clear concise information which identifies all critical pieces of information.	3	3	3	9

- Example 1, the task is alluded to: preparation of cases, score of 1. No mention of a gap or expectation is mentioned, score=0. The action is alluded to: continuing to read. Total score of 2.
- Example 2, the tasks are present but general: otologic knowledge and professionalism. For gap, or lack thereof, there is clear comparison to peers, score=3. No action is mentioned, score=0.
- Example 3, all three components are included and specific in nature

DISCUSSION/CONCLUSIONS

- Anonymity did not significantly impact faculty evaluations of resident performance.- Likert scores or quality of open-ended feedback
- The quality of open-ended feedback on written evaluations remained generally poor, especially in identifying actions for continued performance improvement.
- Eliminating the “fear of retaliation,” is unlikely to improve feedback quality
- Additional mechanisms should be undertaken to improve the quality of written comments to better provide trainees with actionable feedback.
  - Faculty education and development
  - Changing structure of feedback forms

FUTURE DIRECTIONS

- Future studies might evaluate the impact that other barriers have on delivery of actionable trainee feedback.
- We plan to return to identifiable written feedback
  - Evaluate the effect that educating faculty on important components of actionable feedback has on the quality of trainee feedback.
  - Restructure feedback form to facilitate improved feedback quality

Figure 1. TGA: Task, gap and action scoring table.

Gauthier S, Cavalcanti R, Goguen J, Sibbald M. Deliberate practice as a framework for evaluating feedback in residency training. Med Teach. 2015;37(6):551-557.

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