

Using the PHEEM Project to improve feedback: A collaborative initiative in Victoria

Presenter: Ms Marilyn Bullen
Postgraduate Medical Council of Victoria

Co authors:

Ms Helen Enright (RCH); Mr Daryll McKenna (WH);
Ms Jennifer Ah Kion (LRH); Dr Brendan Condon (SWH);
Ms Susie Sangas (NH)

Postgraduate Hospital Educational Environment Measure (PHEEM)

The PHEEM is a validated, scored 40 item questionnaire to evaluate the clinical learning environment

- Developed in the UK¹ in 2005 and used worldwide
- Questions are grouped in 3 domains
 - Perceptions of Role Autonomy
 - Perceptions of Teaching
 - Perceptions of Social Support

The Victorian PHEEM Project

- Since 2006 PMCV has conducted the PHEEM project with eleven hospitals / health services
- Survey interns and PGY2/3s
- Hospitals retain their own data and can view the consolidated (de-identified) data of others
- 'PHEEM Team' meets by teleconference to review high scoring and low scoring items and plan ongoing action for specific areas of interest



PHEEM Hospitals

- Bendigo Health
- Echuca Regional Health
- Latrobe Regional Health*
- Melbourne Health
- Northern Health*
- Royal Children's Hospital*
- St Vincent's Health
- South West Healthcare*
- Peter McCallum Cancer Centre
- Western Health*
- Western District Health Service

The Victorian PHEEM Project

State-wide Area of Interest in 2013

FEEDBACK



Literature on feedback

- Establish a respectful learning environment
- Communicate goals and objectives for feedback
- Base feedback on observation
- Make feedback timely and regular
- Begin feedback with learners self-assessment
- Reinforce and correct observed behaviours
- Use specific, neutral language
- Confirm learner's understanding / facilitate acceptance
- Conclude with an action plan
- Make feedback part of institutional culture



Literature on feedback

- Feedback is an essential part of teaching and learning
- Junior doctors want it and supervisors want to make it effective
- Feedback is often not given or is given in an inadequate or inopportune way
- Barriers include:
 - lack of time on part of supervisors
 - reluctance to give negative feedback
 - lack of training in providing feedback
 - lack of information about the learner
 - avoidance on part of junior doctor

Two PHEEM statement items that relate to feedback ...

1. *PHEEM STATEMENT ITEM 22*

I get regular feedback from seniors

2. *PHEEM STATEMENT ITEM 39*

The clinical teachers provide me with good feedback on my strengths and weaknesses



Focus group findings

1. *'Seniors'* is taken to mean anyone in a more senior position or who has more experience
2. Registrars generally provide the day to day feedback
3. Consultants generally provide mid and end-of-term feedback
4. Feedback also comes from nursing and allied health staff, and patients / families
5. Interns use feedback to benchmark performance



Focus group findings

Ongoing / informal feedback

- Inconsistent – quality is variable and dependent on person providing the feedback
- Usually irregular \geq weekly, very brief
- Usually focused on clinical instruction and is specific
- Informal setting
- Sometimes provided as team feedback
- Ad hoc approach



Focus group findings

Formal mid- and end-of-term feedback

- Feedback that usually occurs with performance assessment
- Tick-box approach is very common
- Deemed to be less useful than ongoing informal feedback
- Sometimes multisource
- Feedback about areas of concern often doesn't include a plan for improvement



What they said ...

No news is good news, I feel that's how it operates

Re explicit feedback: Nobody ever signposts it. It's always done on an informal basis unless you are receiving your 5 or 10 week appraisal feedback

The only time I have had that sort of prolonged 5-10 minute feedback is at the end of term.

Good feedback helps us to motivate ourselves

I like getting informal feedback but I think it's important to have a formal setting

If we have time we'll do it – it's a bit unpredictable



What they said ...

Consultants need to be educated on feedback and not just ticking boxes

Each time you present to your Consultant or Registrar with a piece of paper where they have got to tick the little boxes... then there is a bit of an eye-roll where they're going "Oh God, do I have to do this again?"

I like to know that someone who is providing my feedback, at least at the end of the rotation, that the Consultant would know my name and recognise my face

There's not a culture of feedback in orthopaedics – they're surgical people!



Best practice feedback models according to JMOs

1. Weekly team-based feedback
2. Mid-term and End-of-term multisource feedback



Best practice feedback models according to JMOs

Weekly team-based feedback

- **Organised:** Designated time each week for feedback
- **Process:** Pre-determined areas for discussion
 - Explicit examples
 - Strengths and weaknesses
 - Plan for ongoing development



Best practice feedback models according to JMOs

Weekly team-based feedback

- How has the week been for you?
- What particular issues have arisen?
- Tell me about your supervision?
- Suitability of timing of ward rounds?
- Interactions with patients and families?
- Any problems / concerns for follow-up?



Best practice feedback models according to JMOs

Mid-term and End-of-term multisource feedback

- Consultants and registrars meet to discuss strengths and weaknesses of junior doctors performance
- Provide feedback to junior doctors 1:1 setting

“The person who gave us our one-to-one feedback came to us and said ‘we sat down together and talked about it altogether as consultants, as some of us have worked more with you than others and the consensus is that this is what you have done well and this is what you can improve on’ and that was fantastic”



Focus Group Conclusions

- There are different ways to provide feedback to maximise its effectiveness
- Differences appear to exist between registrar and consultant roles in relation to feedback
- Supervisors require ongoing support and training to improve feedback practices and confidence
 - Feedback templates/guidelines
 - Practice with feedback scenarios



Next steps ...

1. Conduct focus groups with supervisors and review contemporary literature
2. Develop recommendations for a coordinated approach to the provision of feedback
3. Continue to collect data through the PHEEM project to monitor satisfaction with feedback



Questions

mbullen@pmcv.com.au