



Comment and Controversy
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Feedback practices in dermatology residency programs: building a culture for millennials

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Abstract Corporate studies have consistently shown that millennials prefer more frequent and detailed feedback in the workplace. With most dermatology residents fitting the description of a millennial, we sought to study their preferences in feedback and then compare this to current feedback practices and cultures. Our study supports that residents prefer more frequent informal feedback, especially compared with residency program directors. We also showed a desire for formal feedback training programs, which can help to overcome some of the noted barriers to providing feedback. Building a strong, positive, and open feedback culture can help to set the stage for giving and receiving constructive feedback in a safe environment. The results of this study can help to improve residency training moving forward.

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Introduction

Millennials currently represent the largest share of the American workforce,¹ and the average dermatology resident is considered to be a millennial. Recent corporate surveys have demonstrated the value millennials place on receiving more detailed and regular feedback,^{2–4} and the medical literature emphasizes its positive influences.⁵ Many residency programs offer annual to semiannual evaluation periods; however, more consistent and frequent feedback may not only raise resident satisfaction, but also improve resident performance and patient care. Despite the known feedback preferences of millennials, no formal studies have thoroughly examined dermatology residency programs.

Methods

A 14-item online survey was emailed in February 2018 to program directors and program coordinators, who were instructed to forward to residents, of current ACGME-approved dermatology residency programs as of 2017 to 2018.

Results

A total of 41 of 128 (32.0%) program directors and 82 residents completed the survey. The mean overall rating of formal feedback was 3.77 out of 5 and showed no difference between residents and program directors for being rated as excellent (14.6% vs 12.2%; $P = .713$). The majority of all residents and program directors experienced (77.2%) and preferred (77.2%) formal feedback every few months.

Interestingly, 10.6% of residents did not experience informal feedback. The mean overall rating of informal feedback

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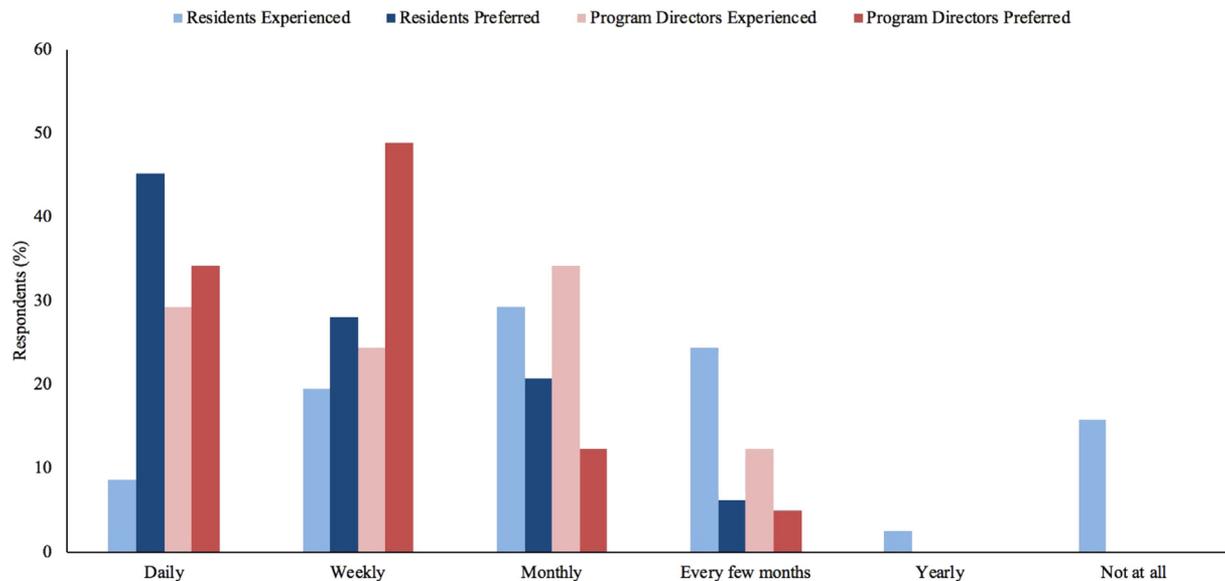


Fig. 1 The frequency of which informal feedback is experienced and preferred by residents and program directors.

when provided was 3.28 out of 5 and was rated as excellent significantly less by residents than program directors (4.2% vs 14.6%; $P = .049$). Informal feedback was most commonly experienced monthly (30.1%), weekly (21.1%), and every few months (21.1%); however, informal feedback was preferred daily (41.5%), weekly (35.0%), and monthly (17.9%). Residents significantly preferred more frequent informal feedback than what was experienced compared with program directors (62.2% vs 36.6%; $P = .007$) (Figure 1).

For 56.9% of all respondents, feedback typically contained areas to improve upon, whereas 92.5% of those who did not experience this, desired it. Whereas 35.0% had formal training on providing effective feedback, 90.0% of those who did not have this, desired it. Overall, 93.5% of respondents believed that frequent feedback is helpful to improving clinical practice.

The most common preferred sources for resident feedback included attending physicians (90.2%), physician mentors (77.2%), and program directors (69.1%). The most common barriers to providing frequent feedback included time constraints (78.1%), discomfort providing feedback (65.9%), and program culture (46.3%).

Discussion

Although limited in resident responses, our study demonstrates that dermatology residents prefer more frequent and detailed feedback, especially informal feedback. Although the number of responses is limited, our results support several corporate surveys examining the evolving feedback preferences of millennials,²⁻⁴ and so we expect that our findings would hold true even with additional responses. Surprisingly, many residents were less satisfied with their informal feedback, whereas some did not receive any. Formal training that teaches the necessary skills and strategies to provide effective

feedback may offer a practical solution. Our study makes evident the preference for this training, which can also ameliorate the reported discomfort providing feedback. Developing a strong, positive, and open feedback culture is crucial to setting the stage for giving and receiving constructive feedback and overcoming barriers. Although our study begins to shed light on our current feedback culture, further studies are needed to look into the effects of formal feedback training programs.

Conclusions

Dermatology residents prefer frequent informal feedback containing areas to improve upon in addition to formal feedback training. This is consistent with the preferences of millennials in the corporate literature.

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