



SILENCE OF THE LAMBS? – FEEDBACK SEEKING BEHAVIOR OF RESIDENTS IN THE OPERATING ROOM

HENG-WAI YUEN¹, ABHILASH BALAKRISHNAN², KUM-YING THAM³

¹Department of Otorhinolaryngology – Head and Neck Surgery, Changi General Hospital

²Department of Otolaryngology, Singapore General Hospital

³Department of Emergency Medicine, Tan Tock Seng Hospital

BACKGROUND

- Traditionally, operating room (OR) learning is a cornerstone of education for surgical residents. However, there is a lack of understanding of FSB in the OR. There are multiple, often conflicting factors that may impact learning in the OR.
- Attending surgeons and residents have large disparities in their perceptions of the quality and quantity of intraoperative teaching and feedback.
- Studies on feedback have increasingly emphasized the importance of the feedback-seeking behavior (FSB) of the learner in enhancing learning.
- Different factors including intrinsic (e.g. one's goal orientation) and extrinsic (situational e.g. institutional policy, feedback giver characteristics) ones, can influence FSB.
- With duty hours restriction and emphasis on self-directed learning, FSB of residents is critical for learning.

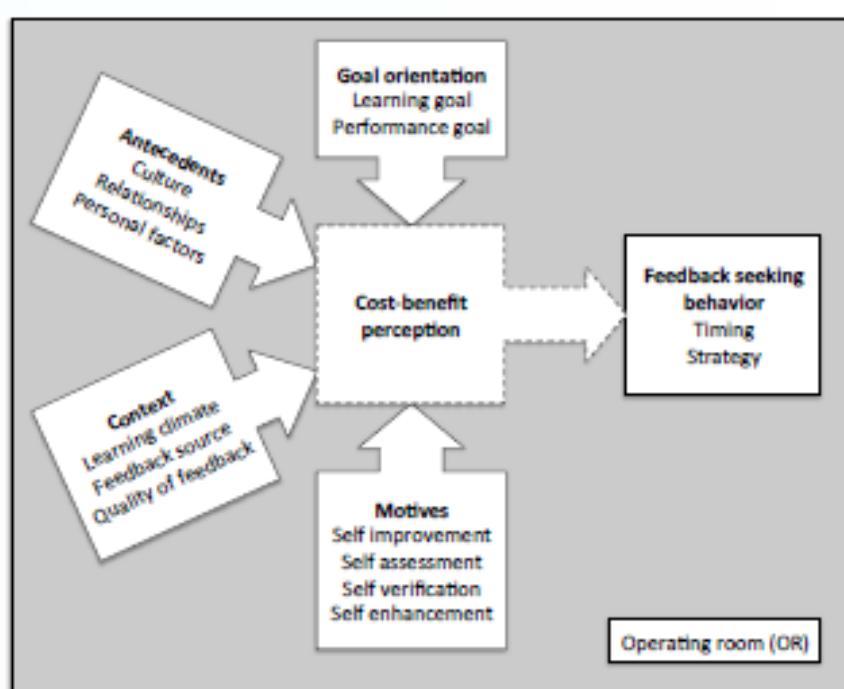


Table 1. Comprehensive conceptual framework integrating multiple factors that have been shown to interact to enhance or inhibit feedback seeking behavior in the OR.

- Some findings were unique to FSB in the OR setting, not previously described in other learning contexts.
- Surgical residents do seek feedback for their performance in the OR.
- Indirect inquiry (followed by monitoring and direct inquiry) at the end of the surgery is the most common strategy used.
- Interplay and tension among the themes shape the cost-benefit perceptions of the residents in determining the nature (timing and strategy) of FSB.
- When patient safety might be at stake, it was an overriding factor above all other factors, and will determine the FSB of the residents.
- Notions of hierarchy (e.g. power-distance, characteristics of FSB target) significantly influenced the FSB of the residents.

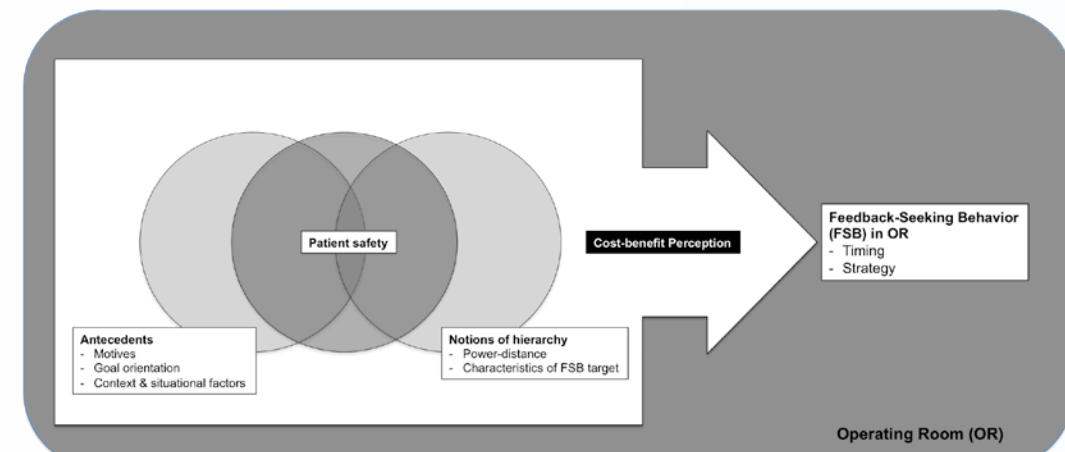


Figure 1. Conceptual framework integrating various factors from this study that influenced feedback seeking behavior in the OR.

DISCUSSION

- This is the first study to evaluate FSB in the OR.
- Consistent its importance in surgery, patient safety is the overarching theme in determining FSB in the OR.
- Also aligned with the pervasiveness in the medical profession (and surgical disciplines), notions of hierarchy significantly influenced the FSB of surgical residents.
- Many findings have not been reported in other learning or organizational contexts.
- These findings are potentially applicable to other learning and teaching settings outside the OR that involves procedural skills e.g. chest tube insertion, central line insertion
- The findings in this study could inform strategies to enhance FSB and optimize learning in the OR.

Limitations

- Small number of study subjects and faculties from Otolaryngology Residency. This is inherent to the nature of the Otolaryngology Program that has an intrinsically small number. Continued study and extension to other residency programs and/or other institutions will be very useful and insightful
- Different types of surgeries surveyed. The chances of more guidance being offered with increased complexities of surgery may affect the results. However, given the routine nature of the surgeries as well as the similar seniority of the residents within the group, the impact of this factor is limited.

CONCLUSIONS

- Multiple factors, related to the roles of learners, faculty, and institution, influence residents' FSB in the OR, and have psycho-emotional implications.
- Further studies should examine specific influences and impact of these factors, and the cross-cultural implications, to inform measures for fostering FSB in the OR.

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METHODS

Subjects & Context

- A purposive sample of residents (R3-5) in two residency programs was invited to participate in semi-structured, one-on-one interviews. Informed consent was obtained from each resident.
- Thirteen senior residents were interviewed individually, 8 from the SingHealth (SH) residency and 5 from the National Healthcare Group (NHG) residency.
- Two experienced independent interviewers not involved in residency conducted the interviews.
- All interviews were audio-recorded, rendered anonymous and transcribed verbatim.

Analysis

- A qualitative approach with a constructivist perspective was used.
- The transcripts were analyzed using a conceptual framework based on the model adapted from Anseel et al., and Ashford et al. The coding was performed using template analysis.
- The themes were interpreted, and an unique framework of residents' FSB was built.

RESULTS

Five KEY themes were identified:

- Patient safety
- Antecedents of FSB
- Enactment of FSB
- Perception of cost-benefit value
- Notions of hierarchy

Patient safety was an overarching and integrative theme.

ORGANISER

SECRETARIAT