



Importance of Qualitative Feedback in Rotation Evaluation Surveys

*MR JOSEPH LI, *MS ONG XUAN YIN, *MS RASIDAH ISMAIL, **A/PROF TAN LAY KOK
*PGY1 Programme Administrators,
**PGY1 Programme Director (SGH)

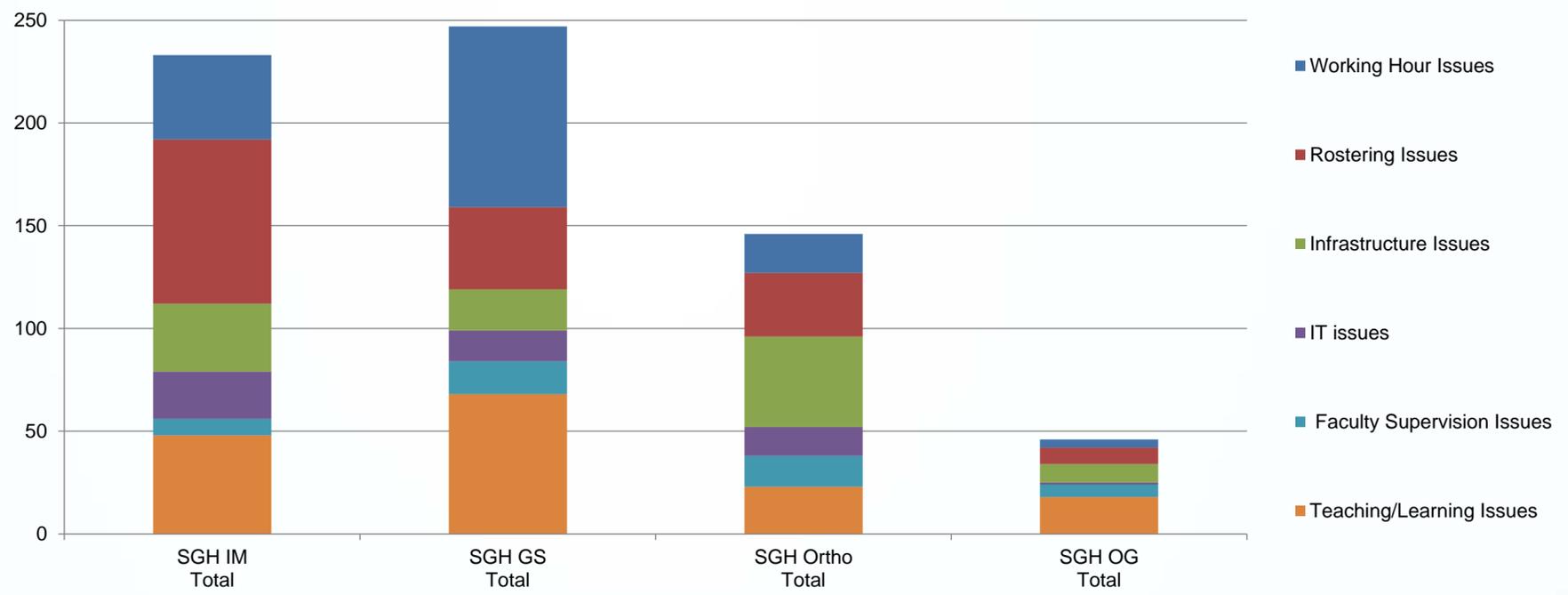
Purpose

There has been an increased emphasis on the well-being and work-life balance in the PGY1 training environment. We aim to find out the leading unfavorable training factors from SGH PGY1s, and to find ways to improve these factors through the qualitative feedback channel to improve the well-being and work-life balance for PGY1s.

Methods

We administered a PGY1 rotation evaluation survey to SGH PGY1s from 4 departments (SGH IM, SGH GS, SGH Ortho, SGH O&G) between May 2017 to June 2018 at the end of their posting. We categorized the qualitative feedback from our PGY1 rotation evaluation results into 6 categories; 1) Working Hour Issue, 2) Rostering Issue, 3) Infrastructure Issues, 4) IT Issues, 5) Faculty Supervision Issue, and 6) Teaching/Learning Issue. We did a count on the number of comments in each category to see which category has the most inputs.

Breakdown of PGY1s' Qualitative Feedback for 4 SGH Departments into 6 Categories



Examples of Positive Qualitative Feedback for an SGH Department

Anonymous PGY1 A: "Excellent all the consultants are very willing to hear us out they are very interested in our welfare and all of them strives to improve it. None of them has made us stayed overtime or to require us to fulfill what is beyond our stipulated duties. Extremely fair and good."

Anonymous PGY1 B: "This has been an amazing first posting. Although it wasn't my first choice posting, I am very appreciative and thankful that I was allocated to the department. It was not only enjoyable but also fruitful, and it has been an extremely memorable 4 months."

Anonymous PGY1 C: "My first month in SGH was very enriching due to the mentors mentioned above and I learnt a lot from it. The volume of cases in SGH allowed me to gain exposure to an interesting variety of cases. Being under Consultants and registrars of different specialties allowed me to learn from them as well."

Anonymous PGY1 D: "Working in SGH has been made a lot more enjoyable with a very approachable registrars and associate consultants who were willing to forgive mistakes and guide the juniors along. Every mistake is a learning opportunity instead of a black mark."

Examples of Qualitative Feedback regarding Areas of Improvement for an SGH Department

Anonymous PGY1 A: "Please stop nurses from calling us during our lunch time teachings. We were told that it was a protected time but they are still calling us to tell us that families are at bedside. We do not have the time to update every single family member at bedside once they are in hospital and I hope that they recognize that. The nurses should read our documentation clearly. More often than not, we have already updated the main spokesperson, but the new family member that has just arrived is another random family member and they just call the doctors without giving so much as a second thought. We cannot be updating 10 members of the family. I hope our time during teachings is protected and respected. I did not manage to learn much except for signing my attendance. I hope someone reads this. HOs are already stretched and at the bottom of the food chain."

Anonymous PGY1 B: "There is a lot of needless bureaucracy/paperwork in SGH compared to other hospitals I have been posted to. Perhaps it would be good for the hospital to review their procedures, as I feel that streamlining the running of the hospital could likely reduce PGY1 workload by 30-40% without compromising patient care."

Anonymous PGY1 C: "More structured learning provided at the level of junior staff. Remove the 30hrs call shift and implement the floating call systems as most of us are have intermittent depression and early onset of fatigue."

Results

Each of the 4 SGH PGY1 training departments has a different leading category for unfavorable comments. These observations show that each of the SGH PGY1 training department has different strengths and weaknesses in their PGY1 training environment. For example, 1 particular SGH department has rostering issues as its key problem area, whereas another department has more pressing issues concerning working hours. Teaching/ Learning issues are featured evenly in all rotations, while supervision issues were reported more in the surgical compared to the medical rotations.

Conclusion

There is a need to study the qualitative feedback in the rotation survey to recognize specific weaknesses in the individual departments, and also which of the weaknesses seem to have the most negative impact for the trainee. The training programme can embark on remediation actions for the key areas of weaknesses to improve the PGY1s' training environment, well-being and work-life balance. The quantitative scores in survey results are unable to provide the same degree of detail as the qualitative feedback.

In addition, the way forward is to educate and train Residents and PGY1s to give constructive qualitative feedback in their assessments for peers, seniors, faculty and training environment.

Reference

Cook DA, Kuper A, Hatala R, Ginsburg S. When Assessment Data Are Words: Validity Evidence for Qualitative Educational Assessments. Acad Med. 2016;91:1359-1369.

ORGANISER



SECRETARIAT

