

**Feedback in Endoscopy Education: Describing Barriers, Attitudes, Context and Knowledge (FEEDBACK):
A qualitative study of pediatric gastroenterology trainees and faculty**

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Introduction:

Feedback is a cornerstone of competency-based education and critical for gastroenterology trainees developing endoscopy skills. Recent conceptualizations of effective feedback have shifted away from a unidirectional model with emphasis on feedback delivery towards a bidirectional model where feedback is a complex dialogue between participants. Few studies describe feedback conversations and application within the context of endoscopy. To address this gap, this study sought to explore the current practice and perceptions of feedback, in the setting of endoscopy education, in a large pediatric GI fellowship program.

Objective:

We aimed to describe faculty and trainees' experience of feedback interactions when performing colonoscopy and explore how these shape trainees' approaches to seeking, interpreting, and implementing feedback as a tool for learning.

Methods

We undertook a multi-phased qualitative study, including ethnographic observations and semi-structured interviews. In a tertiary care pediatric endoscopy unit, dyads of faculty and pediatric GI fellows were observed supervising and performing a colonoscopy. Observations of feedback interactions were captured with field notes and the teaching sessions were also video recorded. After each session, semi-structured one-on-one interviews were completed with each fellow and faculty member, using an interview guide based on current literature to elicit perceptions of feedback experiences. Audio recordings of the interviews were transcribed and anonymized. Transcripts were analyzed using an iterative content analysis approach to generate an explanatory framework and themes. Observations and interviews were conducted until theoretical saturation (the point at which no new themes emerged).

Results

To date, we have conducted over 20 hours of observations over 9 endoscopy teaching sessions and 18 interviews (9 fellows and 9 faculty). Few observed sessions had pre-procedure goal-setting or post-procedure debriefing. Preliminary thematic analysis identified 35 factors grouped into 4 broad categories: lack of a deliberate practice framework (goal-oriented mindset and reflection), barriers to seeking and delivering feedback, implementation of feedback through experimentation, and consistent unidirectional perception of feedback.

Conclusions

Preliminary data reveals that the practice and perceptions of feedback during endoscopy teaching encounters do not reflect current feedback frameworks which emphasize mutual negotiation of goals and self-reflection. These results highlight the need to improve feedback literacy, address barriers to effective feedback conversations, and promote a culture of bidirectional feedback. The findings of this study will hopefully help to inform proper implementation of relationship-building, deliberate practice and bidirectional feedback within an endoscopy curriculum.