Group Feedback for Faculty: Turning the Wheels of Change

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The maintenance of psychological safety in the hierarchy of medicine is both a well-described challenge and a necessity for learner wellbeing (1–3). Learners require safety to enhance knowledge retention and to develop the graduated autonomy needed for growth (4, 5). Our Accreditation Council for Graduate Medical Education guidelines, incorporating this information, therefore mandate interprofessional feedback and the development of team skills, as well as 360-degree evaluations of each rotation both by and for fellows and faculty (6). Despite these and other efforts, the quality of feedback is affected by the absence of perceived safety in environments in which feedback is usually communicated (7, 8). Despite the safety imposed by anonymity when written feedback is being shared, anonymity alone is inadequate to generate valuable, actionable feedback and does nothing to account for and work against systemic bias (9). Educational leaders, faculty, and fellows consistently report a strong desire for high-quality evaluations that protect psychological safety while communicating true and actionable feedback (10–12). Unfortunately, this need is commonly unmet, as feedback is often biased, is often inadequate for learner growth, and is perceived to be unsatisfying (11–15).

In this issue of *ATS Scholar*, Reese and colleagues created and implemented a novel process for faculty feedback by a group of assembled fellows (16). Every quarter, upper-year fellows facilitated the evaluations of three to four faculty members using a standardized format to structure the group's discussion around strengths, areas for growth and improvement, and actionable feedback for each faculty member. Senior-fellow moderators then compiled written summaries of each session while excluding identifying information about fellow participants. These summaries were then forwarded to the fellowship program director, who individually disseminated the feedback to each faculty member. Reese and colleagues' evaluation process thereby addressed the psychological safety of trainees within a hierarchical training system during the evaluation process.

The strengths of this approach are numerous. In addition to those noted

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above, sessions were accessible by closed video conference, were held during a previously scheduled protected didactic time, and were facilitated by senior fellows trained to elicit divergent opinions and mitigate bias. The authors provide a clear description of how they implemented this system within their institution and include the moderator tools, example discussion, and fellows' survey, thereby facilitating rapid implementation in other programs. The intervention's group setting allows for greater confidentiality of individual comments together with the opportunity for fellows to share experiences together.

The limitations of this approach include limited applicability within small programs, where anonymity would be harder to achieve and where resources are fewer. Faculty evaluations of the program and evaluation disagreements between fellows and leadership are not presented by the authors, and although attempts are made to eliminate bias and group-think during the evaluation sessions, their efficacy in this setting is unknown.

Reese and colleagues' innovation is an important step toward addressing the challenges that trainees face when providing honest and actionable feedback for faculty. Fear of repercussions or retaliation, a desire to maintain professional relationships with more powerful figures, and personal feelings of shame are well-described barriers that limit effective feedback in academic medicine (17–19). A sustainable, long-term solution addressing these concerns would require many additional interventions, encouraging the incorporation of psychological safety and working together to empower fellows to provide direct and helpful feedback to their faculty.

It is easy to envision a virtuous cycle where fellows exposed to Reese and colleagues' intervention learn to provide more effective and actionable feedback and feel more empowered and comfortable offering constructive evaluations. This would impact the faculty, improving their ability to maintain trainee psychological safety as well as improving the learning environment in general. A learning environment focused on constructive, actionable feedback, collaborative coaching, active mentorship, and psychological safety then begets even more fellow empowerment, generating even better future teachers and an even better program, and so on.

Implementing an honest, shame-free mentorship culture is an evidence-based goal for all programs to reach. Innovations like this one begin the long, slow work of culture change, but they cannot do so alone. It is incumbent upon all of us to turn the wheels of the virtuous cycle, linking us to our roots. The Latin "docere," the root of the word "doctor," means "to teach." Our priorities will shape this teaching for future generations.

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