

## Are Foundation Year 1 Doctors Receiving Excellent Quality Feedback?

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### Abstract

#### Background

Since the introduction of the European Working Time Directive, there has been a significant reduction in the amount of time available to train a doctor in the UK. The increase in patient demand and poor performance by doctors led to the development of a more efficient training structure in which supervised training opportunities could be maximised, therefore leading to new reforms in postgraduate medical education.

In 2012, supervised learning events (SLEs) were introduced as part of the training of foundation year 1 doctors (FY1s) in the UK. SLEs are interactions between FY1s and trainers, usually senior doctors leading to immediate feedback and reflection. This can be in the form of an observed clinical encounter, a performed procedure, a structured discussion of a clinical case or a trainee led teaching session. They are meant to be formative in nature helping FY1s improve their clinical skills.

#### Aims

This paper aims to evaluate the standard of feedback received during SLEs by FY1s across different specialties at Lincoln County Hospital, UK. Results would help identify areas to improve and trigger efforts to find ways to improve.

## Methods

The standard for good quality feedback used was adopted from the University of Edinburgh's Feedback Standards & Guiding Principles document. It highlighted that good quality feedback is prompt, informative, helpful, and reflected and acted upon.

A survey questionnaire consisting of five- point Likert-scaled response questions was designed and distributed among 31 FY1s working across different specialties at Lincoln County Hospital during February 2013. A number of 29 forms were filled and returned.

## Results

In terms of promptness of feedback, 80% (23 of 29 FY1s) received verbal feedback within an hour, 10% (3) received it within 24 hours and another 10%(3) within 7 days. Written feedback, uploaded online was less prompt with only 7%(2) and 10%(3) of trainees receiving feedback within 1 hour and 24 hours respectively. 52%(15) and 14%(4) received written feedback within 7 days and 4 weeks respectively, while 3%(1) after 4 weeks or 14%(4) never receiving any feedback.

Questions pertaining to "how informative feedback received was" were ranked generally poor in terms of favorable responses. Less than majority, 40%(11) of FY1s were often or always told their strengths. 53%(15) responded as having it sometimes and 7%(2) rarely. Only 36%(10) of assessors rarely fail to highlight areas of improvement, 43%(12) sometimes do while a significant proportion 21%(6) always or often fail to do so. In addition, a minority, 37%(10) often or always had advice on how to improve on their weaknesses, 41%(15) sometimes and the rest rarely or never.

As for feedback received during SLEs being helpful, less than majority gave a positive response with only 3%(1) rating the feedback as being very helpful and 31%(9) helpful. The rest rated the feedback as being fairly helpful 52%(15) and poor 14%(4).

It was encouraging to see that the majority 62%(19) of FY1s often or always acted upon feedback received, while 29%(8) sometimes and only 4 %(1) rarely did so.

Results also showed that a small percentage of 7%(2) often reflected on feedback received and 11%(3) sometimes, the vast majority rarely 39%(11) and never 42%(12) doing so.

## Conclusion

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Our findings suggest that there is still a wide gap between the quality of feedback being received by FY1s during SLEs and the expected standard.

Main areas of feedback that need improvement are the promptness of written feedback, highlighting strengths, weaknesses and ways to improve, and reflective practice.

These findings should be presented to both junior and senior doctors, raising awareness and reminding the trainer and trainee to build on the feedback on SLEs thus encouraging its use as an asset to medical training.

It is recommended that the audit be carried out regularly to assess any improvement in this crucial aspect of medical education.

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**Key words:** Feedback, medical education, training, reflective practice.

**Conflict of Interest:** None