



Back to School: Report Card Feedback Effective for Training Surgeons?



One-on-one feedback and written report cards are effective tools for helping surgery residents do better in preventing dangerous blood clots among hospitalised patients, according to a new Johns Hopkins study published in *Annals of Surgery*.

Researchers explain that the feedback strategy was designed to enhance the use of correct therapy in surgery patients and prevent the often fatal consequences of blood clots in the deep veins of the legs and lungs, collectively known as venous thromboembolism (VTE). A well-known complication of surgery and hospitalisation, clots that form deep inside the veins of the legs can often break off, sending splinters to the lungs, heart or brain. More than 600,000 Americans develop deep vein clots every year, and more than one-sixth of them die as a result of complications.

The study involved 49 general surgery residents in their first through fifth year of training. For the first three months, residents received no personalised feedback. For the following three months, they received an electronic score card via email detailing their individual performance, including how many times they prescribed the appropriate treatment, how many times they failed to do so and how they fared compared with others. For the next three months, all residents continued to receive monthly scores but subpar performers — those who failed to prescribe appropriate treatment to every single patient they cared for — also received one-on-one coaching from a senior resident.

In the span of six months, the Johns Hopkins approach brought down from three to zero the number of preventable complications among surgery patients — those occurring in patients who didn't get the right anticlotting treatment. In the three-month period prior to deploying the direct feedback strategy, seven out of 865 surgical patients developed complications. Three of the seven cases were subsequently identified as preventable. In comparison, there were no such preventable complications after residents received individualised feedback.

As a result of the feedback, the number of patients getting appropriate treatment jumped from 89 percent to 96 percent. Notably, the number of residents who performed at 100 percent — prescribing the right treatment to every patient all the time — went up from 22 (45 percent) to 38 (78 percent), with most of the prescription failures — 19 out of 28 such cases — clustered in a small group of four residents.

“Our results show that personalised, concrete feedback can be a form of forced introspection that improves self-awareness and decision-making on clotting prophylaxis,” says senior author Elliott Haut, MD, PhD, associate professor of surgery and of anaesthesiology and critical care medicine at the Johns Hopkins University School of Medicine.

The approach, the researchers found, also boosted trainee morale, a finding captured in the more than two-fold increase in resident satisfaction scores on the annual survey given by the Accreditation Council for Graduate Medical Education, the accreditation body for all residency programmes in the U.S.

Asked whether they receive feedback about their clinical performance, surgical residents at The Johns Hopkins Hospital responded with an average score of 4.5 out of 5 in 2014, an increase from 2.5 out of 5 in 2013, leapfrogging the national average of 3.3.

Source: [Johns Hopkins Medicine](#)

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