Feedback Study Resident survey

Thank you for agreeing to be part of the study evaluating feedback provided to residents.

Please complete the survey below at the end of your shift, after you have been provided with feedback regarding your performance.

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1) Unique ID#

_____
(Middle initial + month + day of birth (eg, A0729))

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2) PGY year

○ PGY1
○ PGY2
○ PGY3

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3) On how many distinct instances did you receive feedback from a faculty member about your performance today?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5 or greater

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4) Approximately how much time did your faculty preceptor spend providing feedback?

○ less than a minute
○ 1-3 minutes
○ 3-5 minutes
○ 5-7 minutes
○ greater than 7 minutes

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5) My feedback was tangible (identified specific, positive or negative behaviors)

○ strongly disagree
○ disagree
○ neutral
○ agree
○ strongly agree

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6) My feedback was goal-referenced (suggested a goal, addressed progress towards a goal)

○ strongly disagree
○ disagree
○ neutral
○ agree
○ strongly agree

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7) My feedback was actionable (suggested something I can work to correct or should do more of)

○ strongly disagree
○ disagree
○ neutral
○ agree
○ strongly agree

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8) My feedback was personalized (tailored to my performance)

○ strongly disagree
○ disagree
○ neutral
○ agree
○ strongly agree

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9) My feedback was timely (offered in close proximity to the actions it addressed)

○ strongly disagree
○ disagree
○ neutral
○ agree
○ strongly agree

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10) My feedback was ongoing (offered throughout the shift versus only at the end)

◯ Strongly disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

11) My feedback was consistent (similar in content to other feedback I've received in similar situations)

◯ Strongly disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

12) My feedback addressed my progress towards the goal of residency graduation (helped evaluate my development towards independent practice)

◯ Strongly disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree