

# Faculty survey

Thank you for agreeing to participate in the resident feedback study.

Please complete the survey below AFTER completion of your shift and having provided feedback to the resident with whom you worked.

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- 1) Unique ID # (Middle initial + month + day of birth (eg, A0729))
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- 2) How many years have you been in practice (post residency?)  0-5 years  
 5-10 years  
 10+ years
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- 3) On how many distinct instances did you give feedback to this resident about their performance today?  0  
 1  
 2  
 3  
 4  
 5 or greater
- 
- 4) Approximately how much time did you spend providing feedback?  < 1 min  
 1-3 min  
 3-5 min  
 5-7 min  
 >7 min
- 
- 5) The feedback I gave was tangible (identified specific, positive or negative behaviors)  strongly disagree  
 disagree  
 neutral  
 agree  
 strongly agree
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- 6) The feedback I gave was goal-referenced (suggested a goal, addressed progress towards a goal)  strongly disagree  
 disagree  
 neutral  
 agree  
 strongly agree
- 
- 7) The feedback I gave 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) The feedback I gave was personalized (tailored to my performance)  strongly disagree  
 disagree  
 neutral  
 agree  
 strongly agree
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- 9) The feedback I gave was timely (offered in close proximity to the actions it addressed)  strongly disagree  
 disagree  
 neutral  
 agree  
 strongly agree

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- 10) The feedback I gave was ongoing (offered throughout the shift versus only at the end)
- strongly disagree
  - disagree
  - neutral
  - agree
  - strongly agree
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- 11) The feedback I gave was consistent (similar in content to other feedback I've given in similar situations)
- strongly disagree
  - disagree
  - neutral
  - agree
  - strongly agree
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- 12) The feedback I gave addressed their progress towards the goal of residency graduation (helped evaluate development towards independent practice)
- strongly disagree
  - disagree
  - neutral
  - agree
  - strongly agree