Closing the Loop: Implementing an Anonymous Preceptor Feedback Tool to Support Faculty Growth

WORK IN PROGRESS

Morgan McMahon, MSPA, PA-C, Claire Brennan, MSN, CPNP-AC, Linsey Weller, MS, PA-C
Department of Pediatrics, University of Colorado and Children's Hospital Colorado, Aurora, CO

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BACKGROUND

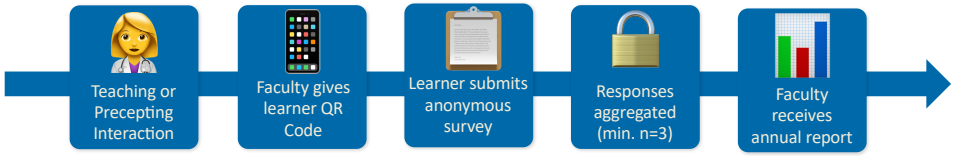
Excellence in **precepting** and **teaching** are pillars of successful postgraduate training, yet no mechanism existed to capture feedback from all learners. Without structured, anonymous feedback, faculty lacked actionable data to reflect on their practices, identify growth areas, and document educational contributions.

OBJECTIVES

- Describe the design of an anonymous feedback tool integrating two instruments.
- Identify strategies for implementing a REDCap-based feedback system to collect and deliver learner feedback to preceptors.
- Discuss preliminary findings demonstrating the role of structured learner feedback in supporting preceptor development and faculty growth.

METHODS

Mixed-methods observational study that assesses precepting skills with the Maastricht Clinical Teaching Questionnaire (MCTQ) and teaching skills with the Direct Observation of Teaching Evaluation (DOTE). Quantitative Likert scores analyzed with univariate statistical analyses. Narrative comments analyzed qualitatively for themes.



RESULTS

MCTQ: PRECEPTING EVALUATION n=15

Modeling — Demonstrating clinical reasoning in practice	4.93
Coaching — Guiding learners via real-time feedback	4.93
Articulation — Making implicit reasoning explicit	4.73
Exploration — Probing learner thinking & reflection	4.60
Learning Environment — Fostering psychological safety	5.00

DOTE: TEACHING EVALUATION n=24

Medical Knowledge — Accuracy and depth of clinical content	4.79
Learner-Centered Education — Tailoring teaching to learner level	4.83
Interpersonal Communication — Clarity, respect, engagement	4.96

QUALITATIVE QUOTES

- *"Fostered learner autonomy with real-time, constructive feedback in a supportive environment"*
- *"Created a psychologically safe space where questions were encouraged and learning prioritized"*
- *"Delivered clinically relevant, interactive teaching directly connected to patient care"*
- *"Could incorporate more hands on/visual teaching modalities."*
- *"May be helpful to try to incorporate more learner participation during the talk."*

Faculty scored highest across domains of learning environment (5/5), interpersonal communication (4.96/5), modeling (4.93/5), and coaching (4.93/5); lowest on articulation (4.73/5) and exploration (4.60/5). Qualitative themes highlighted strengths of learner autonomy, psychological safety, and clinically relevant teaching and improvement areas of incorporating more learner participation and interactive elements.

CONCLUSIONS

This innovative feedback tool transforms learner feedback into **actionable insights** that promote a culture of continuous self-improvement and reflective teaching. It equips faculty to strengthen precepting skills and provide meaningful documentation of educational contributions for promotion and academic advancement.

IMPLICATIONS

This model is scalable for postgraduate APP training programs nationally seeking to invest in faculty development without significant administrative burden.

FUTURE DIRECTIONS

Expand tool to additional clinical sites/teams, track longitudinal changes in faculty domain scores, and correlate feedback with promotion outcomes.

REFERENCES

MCTQ: Stalmeijer RE, Dolmans DH, Wolfhagen IH, Muijtjens AM, Scherpbier AJ. The Maastricht Clinical Teaching Questionnaire (MCTQ) as a valid and reliable instrument for the evaluation of clinical teachers. *Acad Med*. 2010;85(11):1732-1738.
DOTE: Isbey SC, Lockwood J, Sallee CJ, Seltz L. Impact of a novel Direct Observation of Teaching Evaluation (DOTE) on feedback for residents-as-teachers (descriptive abstract). *Acad Pediatr*. 2017;17(5):e14. doi:10.1016/j.acap.2017.04.057