Identifying Perceptual Differences in Trainee and Faculty Attitudes Toward Ear Surgery: A Pilot Study

Sophia M. McKenzie[1], James J. Pierre MD[2] and Anthony M. Tolisano, MD[1,2]

[1]Uniformed Services University of the Health Sciences, Bethesda, MD; [2]Department of Surgery, Walter Reed National Military Medical Center, Bethesda, MD

INTRODUCTION

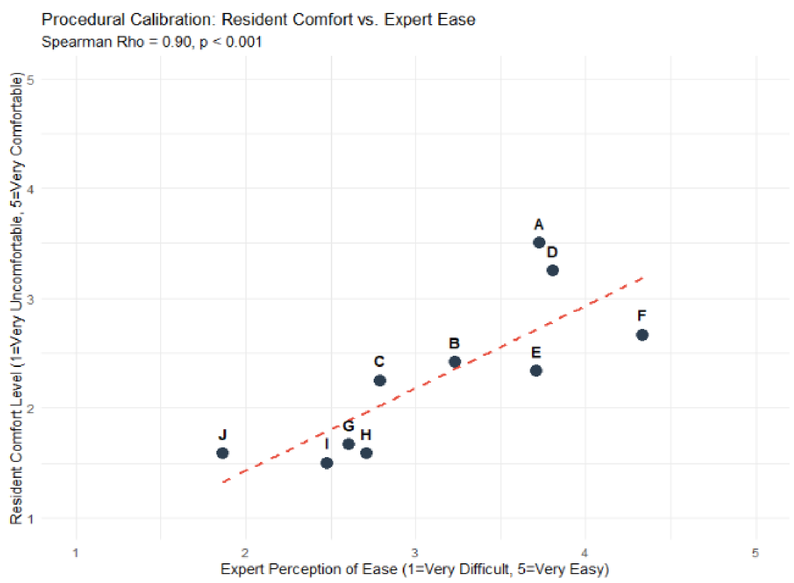
- Effective surgical education requires shared understanding of resident abilities and attending expectations.
- Accurate self-assessment is essential to resident progression towards surgical autonomy.
- Prior studies show residents are imperfect in their self-assessment and this relationship is not well characterized in otolaryngology.[1,2]
- The objective of this study was to compare otolaryngology residents' self-reported comfort with attending surgeons' perceptions of procedural difficulty for common neurotologic procedures.

HYPOTHESIS

- We hypothesized that measurable discrepancies would exist between these groups, reflecting areas of educational misalignment that may inform improvements in graduate medical education.

RESULTS

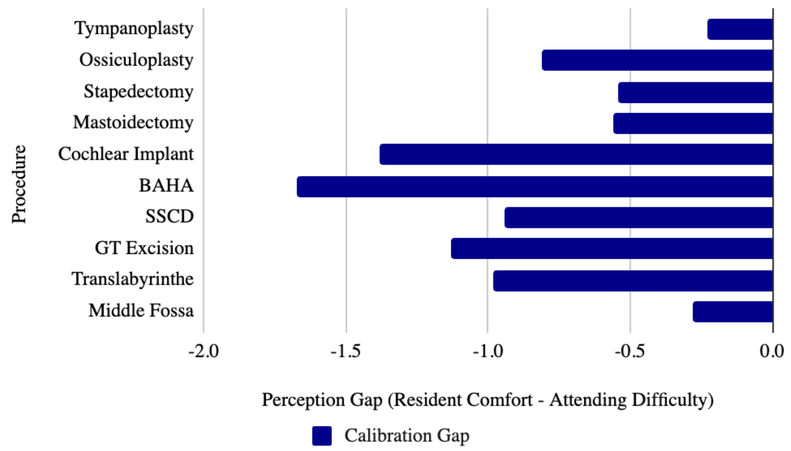
Figure 1. Correlation between Resident and Attending Perceived Difficulty



A strong positive correlation (Spearman's ρ = 0.9, p < 0.001) exists between observed resident-reported comfort and attending-perceived difficulty across procedures. This suggests residents and attendings are aligned in their ranking of procedural difficulty.

Gap analysis showed consistent negative gaps across all 10 different neurotologic procedures (-0.23 to -1.67), indicating residents consistently underestimate their operative ability compared to attending expectations.

Figure 2. Gap Analysis of Resident Comfort Level vs. Attending Perceived Difficulty



METHODS

- An anonymous, cross-sectional, observational survey of otolaryngology residents and attendings was conducted.
- Experience level, case volume, and training resources were collected.
- Residents and attendings rated perceived difficulty and comfort level for 10 procedures using 5-point Likert scale.
- Mixed-effects ordinal logistic regression models were used to identify overall differences in ratings between the two groups.
- Novice-Expert discordance was assessed using Spearman's correlation and subsequent gap analysis.

DISCUSSION

- Residents accurately identify procedural difficulty, however they underestimate their operative ability.
- A "humility gap" may limit autonomy and delay progression towards independence.
- Improving feedback strategies and incorporating competency-based assessment frameworks may help align resident assessment with attending expectations and contribute to development of more confident, capable, and well-prepared otolaryngologists.

REFERENCES

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