Providing and Receiving Feedback in Medicine
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Objectives
- At the end of the Grand Rounds, the participant will be able to...
  1. Differentiate between feedback and evaluation
  2. Diagnose common learner difficulties
  3. Develop a plan for providing necessary negative and positive feedback

Why Feedback is Important
- The ability to give feedback effectively is one of the defining characteristics of master teachers.
  - Torre DM Acad Med 2005; 80(10)
- Key component to Quality Improvement and Patient Safety
  - teamstepps.ahrq.gov

Clerkship Evaluation

Dr. Medellin and Dr. Petershack have no significant conflicts of interest to disclose.
They will not discuss any off label usage of drugs

Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut.

What is Feedback?
- Formative, ongoing and timely
- Nonjudgmental, specific and descriptive
- Allows learners to improve before ‘evaluation’ occurs
- Focus on behaviors learner can control and modify
- Ex. “Your choice of antibiotic use shows an accurate understanding of the current AOM guidelines”

What is Evaluation?
- Summative
- Judgment based on norms or peers
- Ex. “Excellent knowledge base”
- Determine whether learner has met objectives
- Quality assurance for the profession, documents accomplishments

Purpose of Feedback
- Feedback is designed to influence, reinforce, or change behavior, concepts or attitudes.” Beverly Wood, MD “Feedback: A Key Feature of Medical Training” Radiology, 2000
- Effective feedback fosters the habit of reflection and is the foundation of lifelong learning

Brief Feedback
- On the spot or soon after
- “Coaching”
- Observed knowledge, attitude or skill
- Ex. given just after a clinical presentation
- “Let me show you a better way to examine a newborn’s abdomen.”
- We may do this frequently, but not always recognized by learner

Example

Formal Feedback
- Set aside time, scheduled
- Ex. Weekly or mid-rotation
- “Feedback Friday”
- Serves to provide more comprehensive information to the learner so that he or she can improve before the end of the rotation
- Feedback at end of rotation to support final evaluation
Why Give Feedback?
- Learner
  - Provides opportunity for growth
  - Helps develop insight into own behavior
  - Allows learner to reach self-defined goals
- Teacher
  - Provides personal fulfillment
  - Demonstrates interest and caring

Learners Value Feedback
- LCME Requirement
- RRC requirement 2006
- Providing feedback strongly correlated with students’ perceptions of effective teaching
  - Elnicki & Cooper (JGIM 2005)
  - 96% of residents felt receiving constructive feedback was important
  - ‘Feedback’ ranked 2nd out of 37 preceptor behaviors that most enhance learning
    - Schultz et al (BMC Medical Education 2004)

Without Feedback
- Learner will make assumptions
- Silence may indicate approval
- Good Behavior is not reinforced
- Mistakes Go Uncorrected

Top 10 Reasons we don’t talk to someone about a problem
- Courtesy of Franklin Medio, PhD, AAP Workshop 2007
  1. I don’t want to be the bad guy.
  2. I don’t want to upset her.
  3. No one really does.
  4. You probably will.
Affective Stages of Receiving Negative Feedback

1. Denial
2. Anger/Upset
3. Understanding
4. Bargaining
5. Acceptance/Agreement

3
- I don’t want to make a big deal out of this.
- Medicine is a big deal.

4
- I don’t want to ruin his grade/career.
- Students have to “earn” their privileges.

5
- I don’t want to end up in court or in front of committees.
- Follow established procedures and policies.

6
- I am not sure how she will react.
- You probably are – just not to which degree.

7
- I or we may have contributed to the problem.
- If so acknowledge it, but don’t compound the problem.
I know he realizes it was wrong and will not do it again.

Unlikely

I think it's too late in the program or year.

It is never too late to help a student improve.

I don't like confrontation.

No one does. Approach it in a caring, concerned and compassionate manner

Barriers to Giving Feedback

- Time commitment
- Failure to obtain first hand data and specific examples
- Previous negative experiences
- Effects on teacher-learner relationship

Millenials

- Internalize they're special
- Live sheltered lives
- Self-confident
- Team-oriented
- Feel pressured
- High-achieving
- Value Feedback, but don't necessarily have the skills to receive it.

Teaching & Doctoring

Teaching and doctoring are fundamentally the same process and caring for the learner and caring for the patient reflect identically parallel professional skills. Both endeavors require eliciting the learner/patient’s needs, stating the teacher/doctor’s agenda, use of appropriate diagnostic approaches, ongoing feedback and communication, and evaluation of outcomes.

Hatem C. Teaching to Promote Professionalism. Acad. Med. 2003; (7):709
Diagnose the Learner

- Set standards and orient clearly
- Deficiencies of Knowledge, Skills, Attitudes
- Ability to identify key features
- Differential diagnosis
- Assessment
- Start a plan
- Interactions with team, with faculty, with pt and family
- What about the trainee that is irritating, but...
- Or the trainee who is doing fine, progressing appropriately- or the one who is doing great...

The Problem Learner

- Affective issues: dealing with personal problems, marriage problems. Learning problems related to motivation and memory.
- Cognitive issues:
  - Written communication
  - Spatial-perceptual problems
  - Oral communications problems
  - Poor integration of material
  - Poor fund of knowledge

Diagnosing the Positive Aspects

- Some students are right where you would like them to be.
- Identify their strengths
- We would evaluate them as a 4 or 5, how can we help them get to be a 6?
- Good interpersonal skills and good professional skills, how do we challenge them to be even better?
- What did teachers do that helped us reach beyond where we thought that we could go?

Positive Feedback

- Give specific examples
- Concentrate on behaviors not the person
- Avoid “You’re terrific” or “That was great”
- Replace with “Your case presentation was well organized and included appropriate physical exam findings, etc.”
- Helpful positive feedback reinforces specific behaviors.

Difficulty with Presentations

- Presenting Data
- Symptom: Unfiltered Data, Dump
- Potential Underlying Difficulties: Extraneous, Data, Missing Important Data
- Inadequate Assessment
- Inaccurate Diagnosis
- Possible Coaching Strategies: Articulated Problem Representation
10 Rules of Effective Feedback

1. Offer feedback on observed behavior, not on any perceived attitudes.
2. Offer a description of what you saw and how you felt, rather than a judgment.
3. Focus on behavior that can be changed.
4. Choose those aspects of performance that are most important and limit comments to those.
5. Ask questions rather than make statements.

6. Comment on the things that the trainee did well, as well as areas for improvement.
7. Relate all your feedback to specific items of behavior; don’t make statements about general feelings or impressions.
8. Observe personal limits; don’t give too much feedback at once.
9. Before offering any feedback, consider its value to the trainee.
10. Include an action plan and schedule a follow-up.

Helpful Hints for Feedback

- Catch Doing Something Right.
- Give Positive Feedback First.
- Positive Feedback = Affirms Competence
- Negative Feedback = Improvements in Future
- Immediate Feedback

Reflective Feedback Conversation

Orientation and Climate
- Elicitation
- Feedback
- Improvement Plan
- Application
- Review

Video
Orientation and Climate
- Preparation BEFORE feedback session
- Establish agreed upon goals and objectives
- Prepare learner to expect feedback – and if you state that we will have feedback on Friday, do it.
- Collect relevant data with notes
- Select appropriate time and location
- Determine appropriate amount and type
- Positive and Constructive

Elicitation of Learner’s Self-assessment
- Open-ended questions to learner
- How did the learner feel about performance?
- What was done well?
- What could be improved?

Giving Feedback
- Comment on responses from learner
- Offer appropriate amount in a balanced manner (positive and constructive)
- Be nonjudgmental and use “I” statements
- Offer observations of specific behaviors (perceptions)
- Act as a coach, not a judge
- Elicit responses from learner (ask, tell, ask)

Improvement Plan
- Problem solve together
- Ask learner for suggestions
- Offer your suggestions
- Individualized Learning Contract
- Articulate agreed upon goals
- Examples of useful phrases
  - “What could you do differently?”
  - “This is my suggestion...”
  - “Let’s talk more about ways to work on efficiency.”

Apply and Review
- If appropriate, apply strategy to ‘real’ situation
  - Ex. “So the next time you become frustrated in the ED what will you do?”
- Assess acceptance and understanding
- Summarize positives and areas for growth
- Formulate plan to assess progress

Accepting Feedback from Learners
- Set the stage for bi-directional feedback
- Must believe you will receive valuable feedback
- Self-reflection before meeting
- Be open and willing to accept it
- Ask questions to clarify points
- May be difficult to hear
Accepting Feedback from Learners
- Don’t become defensive
- Reflect back on what you heard
- Elicit suggestions for improvement
- Strive to understand the learner’s perspective
- Suggest your own strategies for change
- Remain calm
- Thank your learner!

Interview and Examination Skills
- Useful:
  - The student consistently performed well-focused, logically sequenced interviews.
  - The learner failed to ask key information to delineate the chief complaint.
- Unproductive:
  - The learner did not do as well as other learners in her group.
  - I don’t believe that student belong on a consult service.

Verbal and Written Communication Skills
- Useful:
  - The learner’s verbal presentations were clear, concise and accurate.
  - The learner frequently included unnecessary information/commentary during daily rounds.
- Unproductive:
  - The learner seemed to have trouble expressing himself but this is probably due to cultural differences.
  - The learner is a real star.

Professional Behavior
- Useful:
  - The learner was consistently able to generate an appropriately prioritized differential diagnosis.
  - The learner frequently had difficulty identifying more than one cause for the chief complaint.
  - As a naturally quiet student, set the goal of being the first to answer or ask a question.
- Unproductive:
  - The learner was below average but I discussed these items with her and she will tell you about them.
  - The learner was the best student in this group.
  - The student was very shy.

Problem-Solving and Decision-Making Skills
- Useful:
  - The learner was consistently able to generate an appropriately prioritized differential diagnosis.
  - The learner frequently had difficulty identifying more than one cause for the chief complaint.
- Unproductive:
  - The learner was below average but I discussed these items with her and she will tell you about them.
  - The learner was the best student in this group.

Summary of Feedback Comments
- Avoid sweeping statements/words such as always and never.
- Focus on major responsibilities and performance standards.
- Specify what needs to be done.
Questions?

References


References (continued)

- Schultz et al. Medical Students’ and Residents’ preferred site characteristics and preceptor behaviours for learning in the ambulatory setting: a cross-sectional survey; BMC Medical Education 2004, 4:12
- Vaughn L et al. The Problem Learner. Teaching and Learning in Medicine, 10(4), 217-222