

Moving Forward Through Feedback

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Case Example 4

QuickTime™ and a
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are needed to see this picture.

Goal

- To improve your comfort and ability to give effective feedback

Objectives

- Discuss the value of giving constructive feedback
- Identify the essential elements and different styles
- Explore barriers to feedback in the hospital

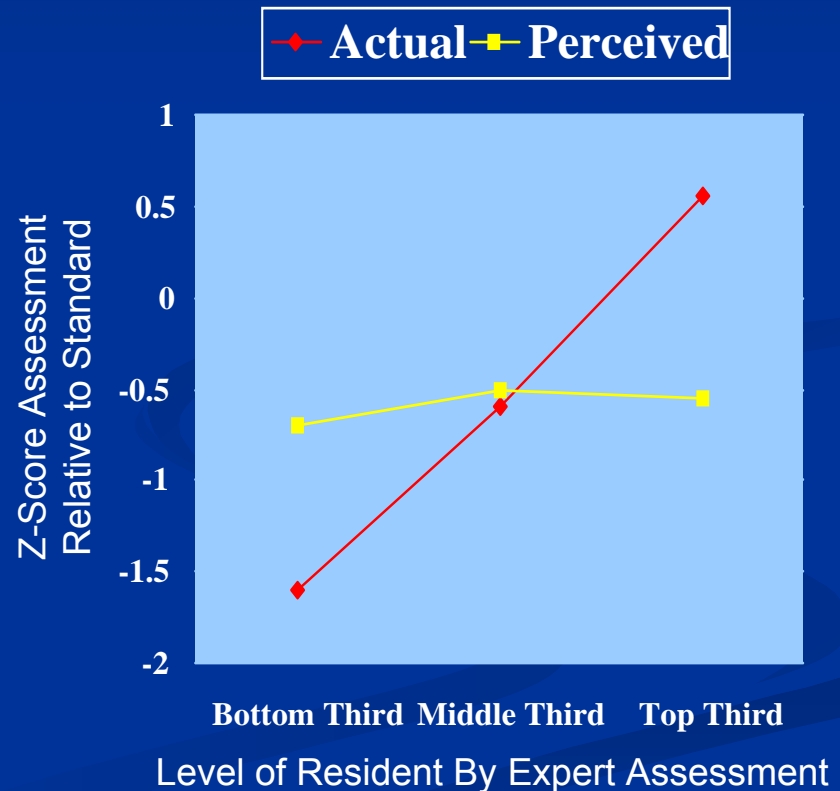
Feedback

- Formal Definition

“the process by which the teacher provides learners with information about their performance for the purposes of improving their performance”

Learner Perception of Feedback

- Trainees WANT feedback
- They NEED it
- 3471 learners
 - Top preceptor behaviors
 - 97% open to questions
 - 96% constructive feedback
 - 84% set time for topics
- 36 R1-feedback on notes
 - 78% useful & wanted the feedback



Schultz KW BMC Med Educ 2004

Finn KM Med Educ 2007

Hodges B Acad Med 2001

Learner Perception of Feedback

- They don't get ENOUGH feedback
 - 80% never or infrequently received corrective feedback
 - 31% received reinforcing feedback often
- Constructive feedback can IMPROVE learner knowledge and skills

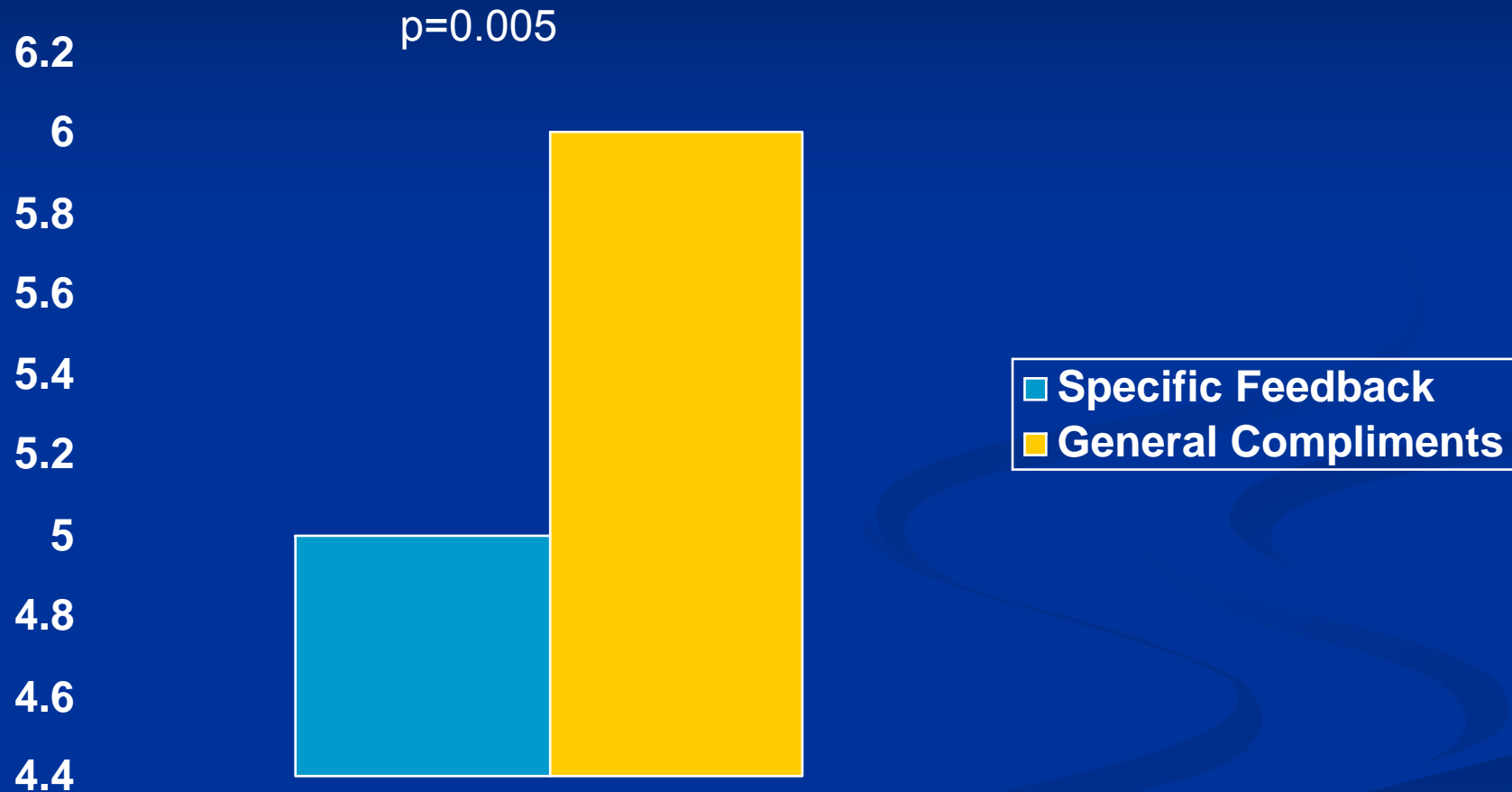
They want it and its good for them

Types of Feedback

Complimentary v. Specific

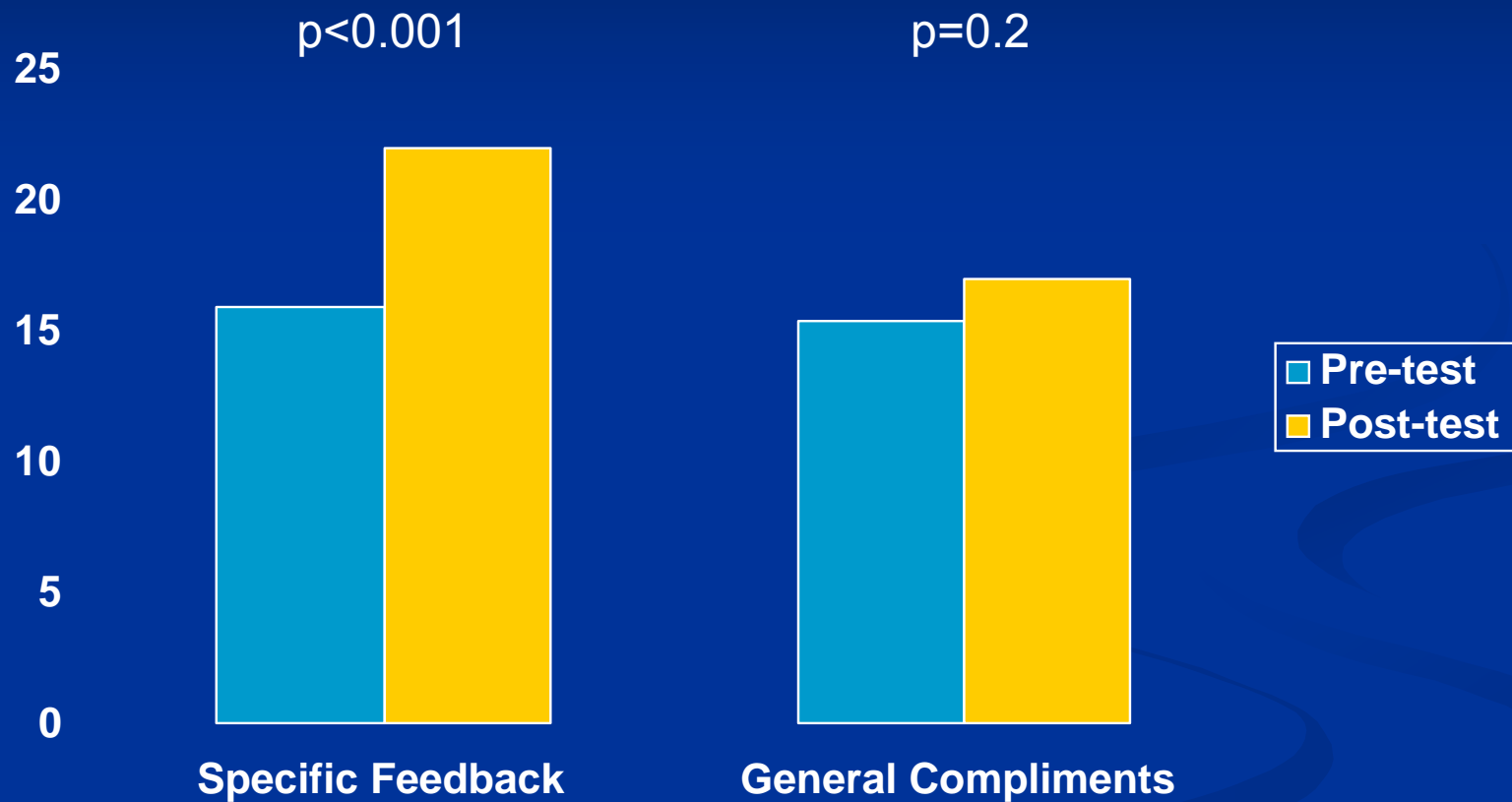
- RCT of medical student reactions to feedback
 - 33 medical students at Southern Illinois University
 - Given same instruction on 2-handed surgical knot-tying
- Intervention
 - Randomized to specific feedback or general compliments
- Measurements
 - Videotaped performing the skill before and after
 - Assessed student satisfaction via 7-point rating scale

Mean Satisfaction Score



7-Point Likert Scale (1=Very Poor; 7= Truly Exceptional)

Mean Performance Scores



Total Possible Ratings 0-32; IRR >0.8

Feels good vs. Makes you better

- Specific feedback can improve performance on procedural skills
 - FEEDBACK \uparrow LEARNING
- Satisfaction with feedback is a poor marker of the QUALITY of feedback
 - SATISFACTION \neq QUALITY

High quality feedback must be specific

Attending Ratings

- Giving high-quality feedback is strongly associated with teaching ratings
 - High quality feedback: OR 4.5 (95%CI 3.57-6.25)
 - Feedback on:
 - Oral presentations
 - DDx
 - At bedside
 - Progress notes
 - Written H&Ps

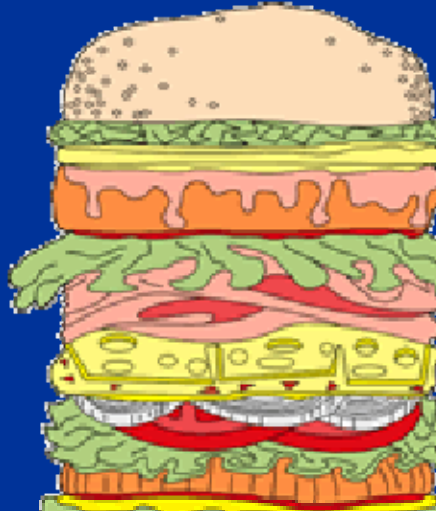
What Feedback Is *NOT*

- A time to vent your frustrations
- A power struggle
- An evaluation¹
 - Summative
 - Occurs at the end
 - Filled with adverbs and adjectives = judgment
 - Assigns a numerical and descriptive value to a learner's performance (grades/promotions)
 - May go to outside institutions or departments

Effective Feedback Methods

How should feedback be delivered?

- Sandwich – positive, negative, positive



Effective Feedback Methods

...or,

- Start with self reflection - ask, tell, ask



- How do you think it went? Successful? Areas for improvement?
- Attending shares perspective
- Ask the student to create a plan for improvement

Effective Feedback Starts on Day 1...

- Set expectations

- Your learners (ask them to self-reflect)

- What do your learner want to improve on?

- What do they want from the rotation?

- What do they expect/want/need from you?

- Yours

- What do you want from them?

- When do you meet? How much detail? When to call?...

- What are your particular quirks that they should know?

Example 7

- Dr. Cox in ICU setting expectation after night on call

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...and continues every day

■ Direct Observation

- Identify learners strengths and weaknesses
 - Choose 2 or 3
- Focus on the behaviors, not the person
- Include positive as well as constructive observations

■ Indirect Observation

- What do the RN, SW, pts, residents, other students think?
- Attempt to complete 360 degree evaluation
- Indirect better written than reported through you

...then it's time to give the feedback

■ Types & Timing

■ Brief feedback

- Tends to be 1 minute, frequent & closely tied to specific action
- "...you did a great job reporting the labs but missed the anion gap acidosis."

■ Formal feedback

- Tends to be 5-20 mins, mid-rotation (or w/ critical incidents) & more comprehensive
- "...you do a great job presenting the pt data but moving forward I'd like to see you spend more time interpreting the data."

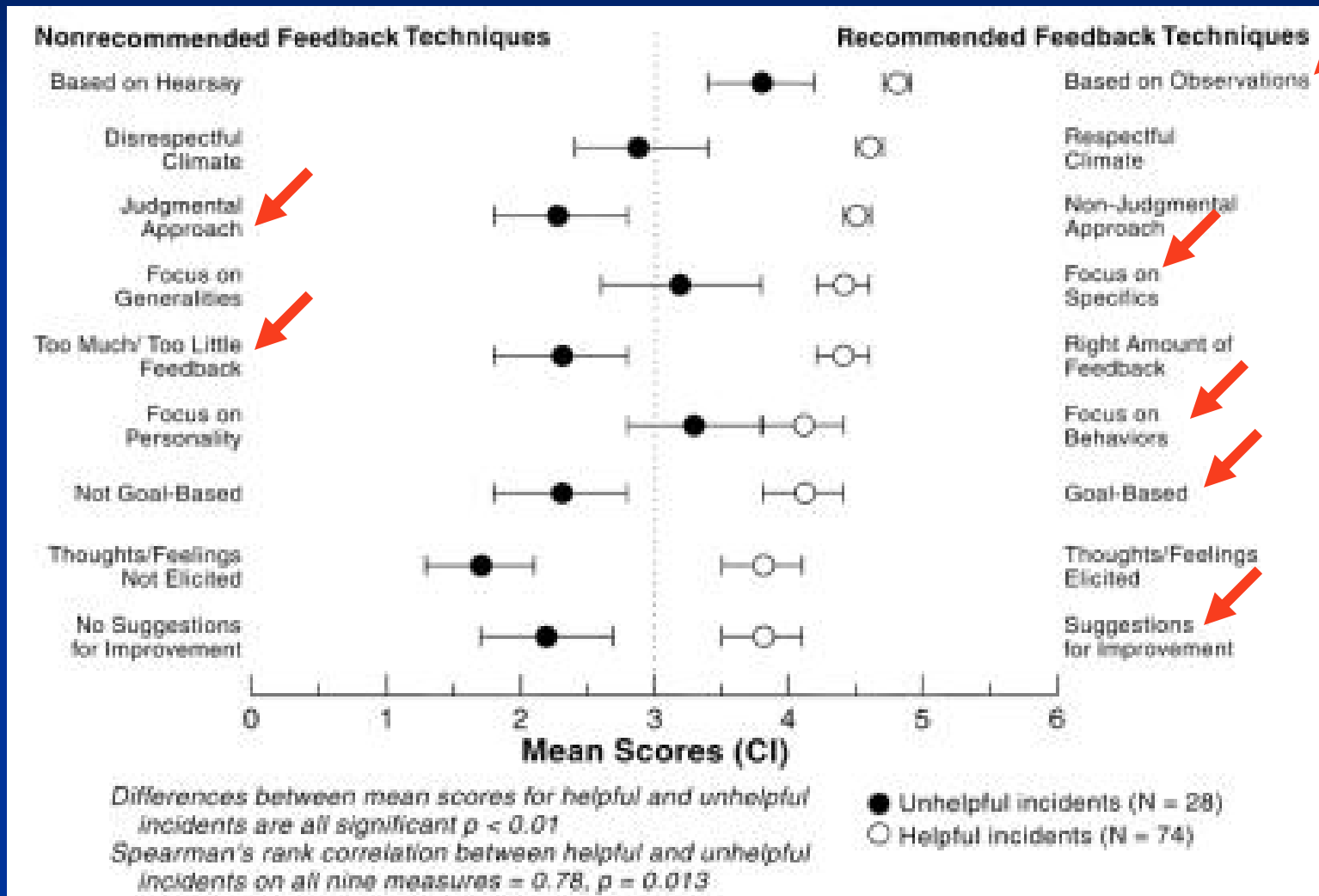
■ Location

- Depends on type, content and audience for feedback
- Create a safe environment

Case Example 1

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Giving Feedback



...then it's time to give the feedback

■ Delivery

- Start by labeling the interaction as “feedback”
- Focus on observed behaviors
 - Refer back to expectations and goals as appropriate
- Be Specific
- Be concise—limit it to 2-3 points
- Be unequivocally clear
- Beware verbal and non-verbal clues

...and move forward.

- Moving Forward
 - Summarize the feedback
 - Commit to a plan to improve
 - Repeat Feedback

Feedback Checklist

Type, Timing & Location

- Brief or formal feedback
- Identify optimal timing
- Location – private or public, safe?

Method

- Start by labeling it “Feedback”
- Sandwich
- Ask-Tell-Ask

Delivery

- Behaviors--comment on observed behaviors
- Be specific
- Be concise--limit to 2 or 3 areas
- Be unequivocally clear
- Beware of verbal and non-verbal communication

Moving Forward

- Summarize the feedback
- Commit to a plan to improve
- Repeat feedback on the same issues later in the rotation

Case Example 2

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Feedback Checklist

Type, Timing & Location

- Brief or formal feedback
- Identify optimal timing
- Location – private or public, safe?

Method

- Start by labeling it “Feedback”
- Sandwich
- Ask-Tell-Ask

Delivery

- Behaviors--comment on observed behaviors
- Be specific
- Be concise--limit to 2 or 3 areas
- Be unequivocally clear
- Beware of verbal and non-verbal communication

Moving Forward

- Summarize the feedback
- Commit to a plan to improve
- Repeat feedback on the same issues later in the rotation

Case Example 3

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Feedback Checklist

Type, Timing & Location

- Brief or formal feedback
- Identify optimal timing
- Location – private or public, safe?

Method

- Start by labeling it “Feedback”
- Sandwich
- Ask-Tell-Ask

Delivery

- Behaviors--comment on observed behaviors
- Be specific
- Be concise--limit to 2 or 3 areas
- Be unequivocally clear
- Beware of verbal and non-verbal communication

Moving Forward

- Summarize the feedback
- Commit to a plan to improve
- Repeat feedback on the same issues later in the rotation

Why Don't We Do It?



Overcoming Barriers

- Failure to Observe - create opportunities to observe your learners
- Time - schedule time, make it a priority
- Knowledge - know how to do it quickly and effectively
- Skills - practice, practice, practice
- Create a Culture for Feedback - safe and reciprocal

Case Example 5

QuickTime™ and a
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Feedback Checklist

Type, Timing & Location

- Brief or formal feedback
- Identify optimal timing
- Location – private or public, safe?

Method

- Start by labeling it “Feedback”
- Sandwich
- Ask-Tell-Ask

Delivery

- Behaviors--comment on observed behaviors
- Be specific
- Be concise--limit to 2 or 3 areas
- Be unequivocally clear
- Beware of verbal and non-verbal communication

Moving Forward

- Summarize the feedback
- Commit to a plan to improve
- Repeat feedback on the same issues later in the rotation

Summary

- Learners want and benefit from feedback
 - They'll rate you higher if you do it
- Feedback is a process
 - Verbalize expectations up front
 - Make feedback a priority
 - Identify specific observable actions or behaviors
 - Find the time and place
 - Set plans to accomplish the expectations
- It takes practice
 - Be sure to get feedback on your feedback

Last thoughts...

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Acknowledgements

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References

- American Board of Internal Medicine Faculty Development Conference: Evaluation of learners, Effective Feedback and Systems Approach, Eric Holmboe, University of Colorado Denver 2008.
- Boehler ML et al. An investigation of medical student reactions to feedback: a randomised controlled trial. *Med Educ.* 2006;40(8):746-9.
- Carney PA et al. Differences in ambulatory teaching and learning by gender match of preceptors and students. *Fam Med.* 2000;32:618-23.
- Finn KM et al. Improving the quality of intern documentation through structured feedback. *Med Educ.* 2007;41:1101-2.
- Hewson MG et al. Giving feedback in medical education verification of recommended techniques. *J Gen Int Med.* 2001;13(2):111-116.
- Holmboe ED et al. Feedback and the mini clinical evaluation exercise. *JGIM* 2004;19(2):558-61.
- Schenarts PJ. Debriefing is an effective method for providing feedback and ensuring adherence to best clinical practice by residents in the intensive care unit. *Crit Care Med* 2007;35(3):957-8.
- Schultz KW 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.
- Torre DM et al. Learning activities and high-quality teaching: perceptions of third-year IM clerkship students. *Acad Med.* 2003;78(8):812-4.
- Torre DM et al. Learning/feedback activities and high-quality teaching: perceptions of third-year medical students during inpatient rotations. *Acad Med.* 2005;80(10):950-4.