IMPORTANCE OF FEEDBACK

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How are the residents doing?

How do we get better?

- Why it is called a TRAINING program
- Improving through feedback
- Developing competence
- How would you learn w/o feedback?
- The biggest mistake you can make is the one you don't learn from

Competency-Based Training
show us what they learn, not what you teach

- Traditional Framework
  - Do your time
  - Fulfill curricular requirements
  - We taught what we needed to teach
  - Teacher-centered
- Outcomes-based approach
  - Possess the abilities in all domains at specific stages of education
  - Learner-centered
  - Milestones project

ACGME General Competencies

- Medical Knowledge
- Patient care
- Professionalism
- Interpersonal and comunication skills
- Practice-based learning and improvement
- Systems-based practice

Milestones
what are they

- Milestones project paper
- Identify 142 milestones grouped by competency
- Anchors to identify specific behaviors to track progress of trainees

Examples:

- PC/F1 Recognizes situations with a need for urgent or emergent medical care including life threatening conditions. (6)

- P Treats patients with dignity, civility and respect regardless of race, culture, gender, ethnicity age or socioeconomic status

- Routinely identifies subtle or unusual physical findings that may influence clinical decision making using advanced manuevers where applicable (30 months)

Purpose of feedback and evaluation

- Why do it?
- Promote life long learning and self-reflection skills
- Provide clear milestones in order to progress through the program to graduate as a competent and independent physician
- Offer help if your trajectory is off

Setting the Stage

- Expectations of the trainee must be clear

- Before working with the trainee, take time to set goals and expectations for the time together
  - "I expect you to be the leader of the team and make decisions on the patients"
  - "I expect you to manage up to 5 patients on your own and know all details about them"
  - etc

Feedback Definitions

- Formative Feedback
  - This is the feedback to help the trainee get better
  - This can be done on the fly, midway through the rotation or every few days as things come up
- Summative Feedback
  - This is the evaluation at the end of the rotation
    - This should NEVER be a surprise to the trainee

Observed Encounters

- You have to be with the trainee and observe what they do
- Listening to their presentations on rounds is not enough
- It is amazing what you see when the trainee is with the patient
  - How do they talk to the patient
  - How do they examine a patient
  - How do they tell the patient what is going on

Tips on keeping track of the Trainee

- Not only do you have to observe the trainee, you have to make sure you have specifics

  - It is important to keep track of things the trainee does well and needs improvement upon
    - Keep a notepad about both things
      - Jot down something they did well
      - Point out something they can work on

- Now let's talk about how to give feedback

Feedback

- Traditional Definition:

  The process by which the teacher provides learners with information about their performance for the purpose of improving their performance

- The problem:
  - Teacher *telling* learner; suggests *control* by the teacher

Some Important Points

- Trainees are active and volitional

- Trainees do not have passive and predictable responses to given inputs

- Information ("telling") is not enough

Feedback is seen not only as having influence on immediate tasks but of building students' capability for making judgments about their subsequent work

Effective Feedback

- Answers three questions:

1. Feed up
   - Where am I going? (the goals)
     - Milestones

2. Feedback
   - How am I doing?

3. Feed forward
   - Where to next?
     - Action and learning plans

Basic Elements of Feedback

- Specificity
  - Be specific; focus on behaviors, not person

- Timeliness
  - Try to give feedback as close to the events as possible

Basic Elements of Feedback

- Positive/negative
  - + more than - where possible
  - Think "reinforcing the good" and "correcting the bad"
    - Correcting should help fill a gap
- Trainee reaction
  - Should now be viewed as a dialogue, not just "obtaining a reaction"
- Action Plans
  - Where does the trainee go from here?

Receptivity to Feedback: Key Factors

Complex interplay between:

- Fear
  - Of looking "stupid"
  - Receiving negative feedback
- Confidence
  - Related to amount of experience
  - Influence on willingness to seek accept feedback
- Reasoning processes
  - Emotion and analytic effects of "hot" and "cold" cognition
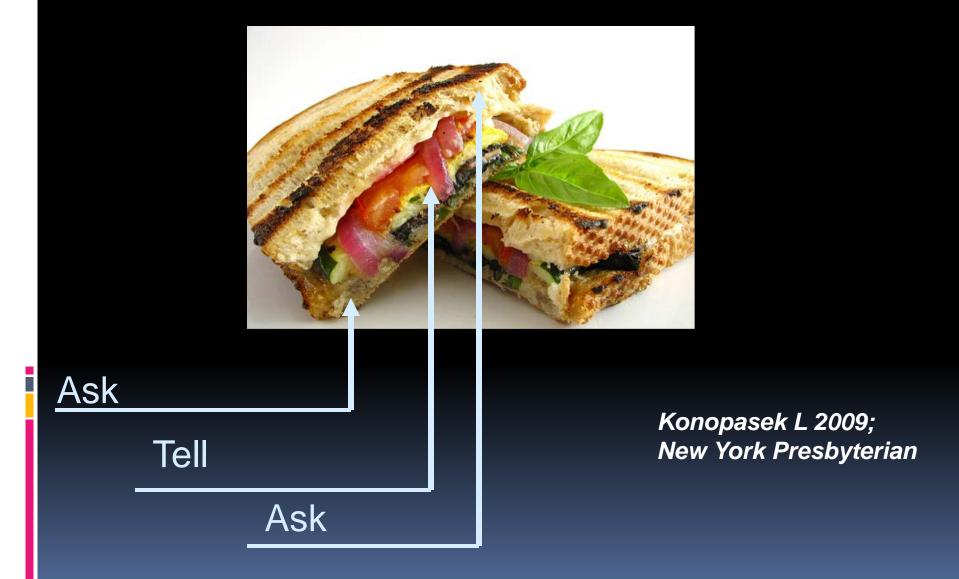
Feedback Challenges: Low Self-Efficacy

- Faculty's own competence in the skill being assessed

- Feedback about non-cognitive competency domains

- Diagnosing the trainee's problem and offering an action plan

Feedback Challenges: Uncertainty

- How should positive feedback be balanced with negative feedback?

- Should you use notes when providing feedback?

- How much feedback should be given?

- How serious to be giving feedback?

- What is the best order in which to give feedback?

The Feedback Sandwich

Ask

Tell

Ask

Konopasek L 2009;
New York Presbyterian

Ask

- Ask trainee to assess own performance
  - Begins a conversation – an interactive process
  - Assesses trainee's level of insight and stage of learning
  - Promotes reflective practice

Tell

- Tell what you observed
- React to the trainee's observation
  - *Feedback on self-assessment*
- Include both positive and corrective elements
  - "I observed...."
  - Relate to the competencies and frameworks

Ask (again)

- Ask about recipients understanding and strategies for improvement (action plan)
  - What could you do differently?
  - Give own suggestions
- Commit to monitoring improvement together

Benefits of Ask-Tell-Ask

- Trainee centered

- Active and interactive

- Avoids assumptions or judgment

- Promotes reflection

Examples of Feedback

- "intern is not organized"
- "needs to improve knowledge"
- "needs to improve efficiency"

- TOTALLY USELESS!!!!!!!!

- Instead of "intern is not organized"
- Ask the intern about their organizational skills
- Give a concrete example of what is not going well
  - Intern has difficulty following through on tasks
    - They forgot to enter fluid orders on patients that resulted in a significant error.

- Ask them about their thoughts on why and how they can improve
  - Recommend that they use "boxes" and check them off as they are completed

- Instead of "needs to improve knowledge"
- Ask them about their knowledge base
- Tell them a concrete issue
  - There appears to be gaps in knowledge of pulmonology
    - For example, they couldn't come up with a differential diagnosis of pulmonary hypertension

- Ask for their thoughts and ways to improve
- Suggest that they look up the information on at least one patient's medical issues each day

- Instead of "needs to improve efficiency"
- Ask them what their thoughts are on their efficiency
- Tell them something concrete
  - It has been taking about 2 hours to complete an H and P on a patient

- Ask them their thoughts and offer a suggestion to fix it
  - After observing them do an H and P, it appears that they have significant problems coming up with a differential diagnosis. Recommend to use uptodate for quick reference to develop a list

Summative Feedback

- This is the evaluation you complete at the end of the rotation
- Both verbal feedback and written
- There should be nothing new in this information
- It is important that the written evaluation be completed as close to completion of the rotation as possible because you still remember the issues

So How are the Evaluations Used?

- All marginal evaluations are flagged and sent to me
  - I forward these to the clinical competency coach
- Any pattern will trigger further evaluation

- Otherwise, there is the clinical competency committee that reviews these

Clinical Competency Committee

Chair: Rafik Samuel

Members:

- Program Directors: Drs. Moyer, Brady, Lee and Blum

- Chief Residents: Harish, Alex, Cole, Charlie

- Core clinical faculty: Drs. Gersh, Taqui, McNellis, DeFranceschi, Hyatt, Chisty, Williams, Baang, Ravreby, and Punnoose

- Other faculty with significant resident contact: Drs. Vega Sanchez, Alvarez and Johnstone

Questions?