FEEDBACK:
Optimizing your approach

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Grand Rounds– The Dept. of Anesthesiology
Objectives

After today, you will be able to:

– Review the importance of feedback in MedEd

– Discuss the role of self-assessment within feedback

– Promote feedback-seeking culture

– Review some practical tips!
What is Feedback?

Specific information about the comparison between a trainee’s observed performance and a standard, given with the intent of improving the trainee’s performance.

Van de Ridder et al. 2008. Medical Education 42 (2) pp. 189 - 97
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Does feedback work?

May be the most powerful influence in helping learners progress.

Does Feedback work?

• Studies have shown improvement in:
  – Diagnostic skills (Wigton et al. 1986)
  – Documentation (Opila 1997)
  – Resource allocation (Studnicki et al. 1993)
  – Communication skills (Brinkman et al. 2007)
  – Self-regulation skills (Gibbs & Simpson 2004)
  – Teaching (Mass 2001)
Why Feedback?

• Without it:
  
  – Mistakes can go uncorrected
  
  – Bad habits and overconfidence can develop
  
  – Positive behaviors are not reinforced
Why Feedback?

- Educational feedback also appears to:
  
  - Slow the decay of acquired skills
  
  - Allow learners to self-assess and monitor their progress toward skill acquisition and maintenance.

Issenberg et al. 2005. Medical Teacher, 27 (1) 10–28
Does feedback occur?

• We know that direct observation of clinical skills occurs infrequently ¹

• Disconnect between faculty and trainees ²
  – Medical educators believe they give feedback frequently; trainees report that it is rare
  – Medical educators believe feedback is given effectively; trainees disagree

How are you doing?

• Only 20% of anesthesia programs report formal faculty training on resident evaluation

  – Yet faculty knowledge of evaluation processes increases evaluation accuracy

• Most programs report more frequent feedback if performance issues are identified

Why is Feedback Failing?

• Essential skill for learner improvement…but:
  
  – Teacher delivery ≠ learner perceptions

  – Skewed toward neutral or positive

  – Barriers to accepting the validity of negative feedback (incongruent with self-perception)
Alice, I'm sending you to a communication class.

Because I've noticed that your words often say one thing while your body language says another.

Frankly, it's creepy. Thank you. I appreciate the useful feedback.
Role of self-assessment in feedback process
Medicine is a self-regulated field

- Most recertification policies rely on self-regulation\(^1\)
- Legitimacy of this model depends on our ability to self-assess\(^2\)

2. Davis. 2006. JAMA. 296(9):1094-1102
Do we even need feedback?

- Self assessment is fallible
- Poor correlation between self-assessment and performance
- Lack of feedback from other sources can perpetuate these misconceptions

Undergrad students’ performance on a grammar test

What about in MedEd?

• In ‘difficult discussion’ encounters with SPs¹
  – Residents in the top and bottom tertiles inaccurately scored themselves relative to expert raters

• Inverse relationship between confidence and competence in simulated joint injections².

What about faculty in practice?

• Data from College of Physicians and Surgeons of Alberta Physician Achievement Review Program (MSF) by patients, peers, co-workers and self

• Compared **self data** from 304 specialists (psychiatry, pediatrics, internal medicine) with their **peer data** (each = 8 medical colleagues) in 4 domains

Adv Health Sci Edu. 2006. 11(3) pp.235-244
Results

- Significant difference between self and peer ratings across all 4 domains for the 3 specialties
Self-assessment and feedback

• Worse performing students (bottom 25%):
  – Tend to overestimate ability the most
  – Least likely to know they need improvement
  – Require feedback to correct behaviors
FEATURE ARTICLE

Ten tips for receiving feedback effectively in clinical practice

Ali H. Algiraigri*

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<table>
<thead>
<tr>
<th>#</th>
<th>Point of emphasis</th>
<th>How to deal with it?</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-assessment</td>
<td>Break down the task into different components rather than looking at the global picture.</td>
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<tr>
<td>2</td>
<td>Do I really need feedback?</td>
<td>Everyone has a blind spot, which prevents us from reaching the next stage of growth, so go and discover it.</td>
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<tr>
<td>3</td>
<td>Your preceptor(s)</td>
<td>Connect well with your teacher and build up the bridge of success.</td>
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<td>4</td>
<td>Little or no feedback</td>
<td>Take initiative and ask for the feedback.</td>
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<td>5</td>
<td>Positive feedback</td>
<td>Thank your instructor and appear confident. Take that task to the proficient level.</td>
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<tr>
<td>6</td>
<td>Your emotion</td>
<td>You are expected to make mistakes. It is normal to receive constructive feedback. Feedback is an opportunity for improvement. Be a good listener.</td>
</tr>
<tr>
<td>7</td>
<td>Your turn! What after the feedback?</td>
<td>Here is what really matters, be part of the constructive action plan and follow that up.</td>
</tr>
<tr>
<td>8</td>
<td>Generation differences</td>
<td>Acknowledging this will help you to better understand your preceptors.</td>
</tr>
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<td>9</td>
<td>General, non-specific feedback</td>
<td>Probe and ask questions to figure out what exactly is the point.</td>
</tr>
<tr>
<td>10</td>
<td>Be ready for it</td>
<td>Situations matter, feedback can happen at any time and in any form.</td>
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Self-assessment and learning

• Self-evaluations encourage learners to set higher goals and commit more personal resources and effort to the acquisition of these goals.

Feedback to improve self-assessment

- Verbal feedback decreased disagreement between self-assessment and teacher Ax by 50%

- Combination of experience and feedback key in improving self-assessment

What is high quality feedback?
Assessment, feedback and CBME

• CBME further requires assessment processes that are more continuous and frequent and work-based where possible.

• Enhanced attention for formative assessment to ensure trainees receive frequent and high-quality feedback to guide to acquisition of competencies

Holmboe et al. 2010. Medical Teacher. 32:676-682
BEME recommendations for feedback in simulation training

- **Specific** examples used in feedback session
- Feedback is **constructive** and for my benefit
- Amount is **manageable** and not overwhelming
Connecting, credibility

• Studies show that credibility has a huge impact on accepting or rejecting feedback.
  – What makes someone credible to you?

• Faculty report feeling less invested in learners when they spend less time with them
  – Impact of restricted duty hours?
Source credibility

• Whether the feedback provider had **observed** the recipient’s **performance**

• Whether the provider was perceived to **understand** the recipient’s role in that context

• **Nature of the relationship** between the provider and the recipient.

• Perceived **alignment** of the teacher with a learner’s personal and professional values

Feedback is a two way street

- Yet WAY more literature on how to give feedback than how to receive it
- Need to empower learners with the skills to accept and use feedback
- An effective feedback exchange requires learners to be active recipients and seekers of feedback.


Med Teach. 2013; 35: e1625–e1631
Feedback seeking

Facilitator

• Climate that normalizes and encouraged feedback seeking
• Mandatory assessment forms (e.g. daily encounter cards)
• Approachability
• Increased contact time

Barrier

• Inaccurate self-Ax
• No news is good news!
• Poor feedback quality
• Tension between formative feedback and summative evaluation
• Lack of observation
• Emotional response (both faculty and residents)
PRACTICAL TIPS
GIVING FEEDBACK

CRITICIZE THE BEHAVIOR, NOT THE PERSON.

THE EMAIL YOU SENT TO EVERYONE LOOKS AS IF IT HAD BEEN WRITTEN BY A MONKEY ON CRACK.

JUST TO BE CLEAR, YOU ARE TERRIFIC, BUT EVERYTHING YOU DO IS EXACTLY WHAT A MORON WOULD DO.
Practical tips for effective feedback

Truly give them an opportunity to self-assess
• Make it count
• Ask for specifics, not generalities
• “I could have done better on my pre-op eval”
  – What specifically? Which aspect?
  – Why do you think you did poorly?
  – How did you prepare for this evaluation?

• Correct the learner if you don’t agree and tell them why
  – “Actually, I thought you identified all the pertinent findings during that evaluation. You even thought of asking them about puffer compliance…”
4. What did the resident do well? *
   Comment on at least one intrinsic CanMEDS role

   Resident:

   Staff:
Practical tips for effective feedback

Be constructive

• Identify a deficiency and tell (or better yet show!) the learner how to improve

• Praise/punishment doesn’t work as well

Most commonly encountered feedback statements

• Great Job!
• Very good follow through
• Good with patients
• Had a very good shift
• Fun to work with
• Needs some guidance
• May improve with time
What if they’re great?

Reinforce good performance with specifics

- “Great job”

- “I noticed that your case presentation included the pertinent positives – that demonstrates to me that you had a good understanding of the differential diagnosis”
Practical tips for effective feedback

**Focus on specifics, not general performance**

- Rather than “You need to know your drugs better”
- Try: ”How do you think this patient’s history of pulmonary hypertension altered the drug metabolism?”

**Ensure feedback is timely**

- In the right context
Practical tips for effective feedback

Focus on behaviours
• Not personality or traits you can’t change
• There are ways around touchy subjects:
  – “How do you think that patient perceived the way you explained the procedure?”
Variety is the spice of life!

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional
Practical tips for effective feedback

Limit to 1-2 teaching points
- Avoid information overload
- If something is important, highlight that you WILL readdress it next time (and DO IT)

Set expectations
- “I’m going to watch you perform this awake intubation and I’m going to give you feedback on your technique”
- “Last time you thought you could improve on your pre-op respiratory risk factor assessment – we’re going to focus on it this time and see what you can do to improve.”
Practical tips for effective feedback

Observe your learner

• “You might find it easier to see the JVP if you position the patient like this”

Choose appropriate time and setting

• Private setting for any negative comments
Practical tips for effective feedback

Help learners to find ways to achieve goals

• “Here’s a good website to practice identifying heart murmurs”
• “The sim centre has good mannequins to practice this skill. Let’s email the coordinator to find a time where you go.”

Verify understanding
6. **What should the resident do next to further his/her learning?** *comment on at least one intrinsic CanMEDS role*
   
   **Resident:**
   
   **Staff:**
The biggest mistake people make about feedback…

• Feedback does NOT end after the conversation: it begins
• Clarify any issue that appears vague
• Summarize the main concerns
• Be part of the action plan to tackle the issue.
• Make the feedback provider accountable to you
Action plans should be:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-bound

Manage Rev 1981; 70: 356.
It is useless to give or receive feedback unless someone follows up on it.
Practical tips for effective feedback

• What if they don’t want to hear it?
  – Acknowledge it
  – Document it
  – Engage them
  – Review the importance for learning
  – Share concerns

• Encourage feedback seeking behaviors by asking for feedback yourself
  – “What could I have done to help you do better at this task?”
At the end of the day…

• Feedback is not easy to give or to receive
• It takes time to do it well
• We should be giving regular feedback but we need to promote feedback-seeking behaviors
• It is not appropriate to fill out an evaluation at the end of the month without ever having discussed it with the trainee.
• If you don’t feel comfortable giving feedback, ask for advice!