

RESIDENTS AS TEACHERS

Teaching Toolbox: Feedback

OBJECTIVES

- Define characteristics of effective feedback
- Describe rationale for and barriers to giving feedback
- Observe and practice giving feedback
- Develop an action plan for improving feedback in your own practice

FEEDBACK IN CLINICAL EDUCATION

“Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or, not at all.”

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781.

ESSENTIAL COMPONENTS OF FEEDBACK

- What was done well
- What could be done better
- What could be done to improve next time

REINFORCEMENT

- Statement expressing positive (or negative) reaction to a behavior which aims to increase (or decrease) the likelihood of that behavior happening again –value judgment
 - “That was a great presentation”
 - “You need to work on your presentation skills”
- Reinforcement is often mistaken for feedback
 - Timing is similar – immediate

EVALUATION

- Qualitative judgment which rates a learner's performance
 - Honors in the Medicine Clerkship
 - 3.0 Likert score for the Professionalism competence on E-Value
- Often the only measure of performance visible to the learner
- Usually given after the performance is over
- Although change may be made, too late for present experience

FEEDBACK

- (Reinforcement or correction) + *Explanation*
- Keeps you on course to meet goals
- Allows you to adjust your course to meet goals
- Given immediately after the performance or at some time soon after, when the learner still has time to demonstrate improvement

IS THIS:

- Feedback
- Evaluation
- Reinforcement



ANSWER – Evaluation

WHAT IS THIS?

- Feedback
- Evaluation
- Reinforcement



ANSWER – Feedback

WHAT IS THIS ONE?

- Feedback
- Evaluation
- Reinforcement



ANSWER – Reinforcement

IT IS NOT A PART OF OUR CULTURE



“What feedback? No one ever gives me feedback.”

WHAT ARE THE BARRIERS?



BARRIERS

- It is uncomfortable
 - No one ever gave me feedback
 - Not quite sure how to do it
 - I hated getting feedback
 - Learner will not be receptive
 - Avoid confrontation
- Not sure that the observed behavior is really a problem
 - Need to see it twice

MORE BARRIERS

- I'm not sure of the goals or the expected behavior
- It's not my job
- It's not that important
- There's not enough time

3 TYPES OF FEEDBACK IN MED-ED

- **Brief feedback** - 2-5 minutes
 - On a clinical skill
 - In a learning situation
 - Often not perceived by students as feedback unless identified
- **Formal feedback** -5-15 minutes
 - On a presentation, involves a dialogue
- **Major feedback** -15-30 minutes
 - Scheduled mid-point through a learning experience

Branch J, Paranjape A. Feedback and Reflection: Teaching Methods for Clinical Settings. *Academic Medicine*. 2002;77:1185-1188.

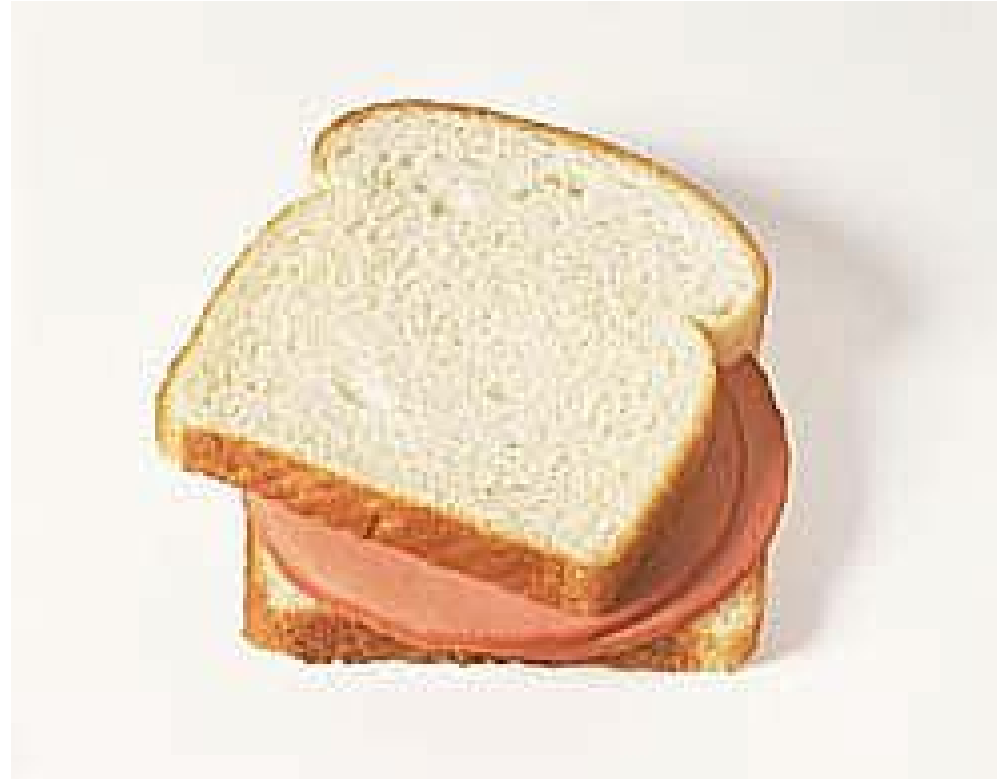
CHARACTERISTICS OF EFFECTIVE FEEDBACK

- Well timed and expected
- Based on first hand data
- Regulated in quantity
- Phrased in descriptive language, based on specific remediable behaviors
- Should be undertaken with teacher and learner working as allies, with common goals

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781.

THE OLD FEEDBACK SANDWICH

1. Praise
2. Criticism
3. Praise



THE NEW FEEDBACK SANDWICH

1. Ask

2. Tell

3. Ask



1. THE FEEDBACK DIALOGUE: **ASK**

- **Ask** learner to assess own performance first
 - What went well and what could have gone better?
 - What were their goals?
 - Important for promoting reflective practice and self-directed learning

2. THE FEEDBACK DIALOGUE: TELL

- **Tell** what you observed: diagnosis and feedback
 - React to the learner's observation
 - Include both positive and corrective elements
 - Give reasons in the context of well-defined shared goals

3. THE FEEDBACK DIALOGUE: **ASK**

- **Ask** about recipients understanding and strategies for improvement
 - What could you do differently?
 - Give own suggestions
 - Perhaps even replay parts of the encounter – show me

LIMIT THE QUANTITY

- When providing critical feedback, important to limit the quantity
- Prioritize the feedback
- Recognize that there are plenty of occasions to give it



END WITH ENDE

“The important things to remember about feedback in medical education are that

- it is necessary
- it is valuable
- after a bit of practice and planning, it is not as difficult as one might think.”

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781.

NEXT STEPS

- Thank you for studying this unit
- Now is the time for you to complete the assessment which follows
- You are now one step closer to becoming a KSOM certified resident teacher!