

**GOING BEYOND “GOOD JOB” AND “PERFORMED AS EXPECTED” : HOW TO GIVE EFFECTIVE, EFFICIENT AND MEANINGFUL COMPETENCY BASED FEEDBACK TO MEDICAL STUDENTS.**

---

*Parag Kumar, MD, FAAP  
Professor & Pediatric Clerkship Director  
UND School of Medicine & Health Sciences,  
SW Campus, Bismarck, ND.*

*Pediatrics Hospitalist & Urgent Care Physician,  
Sanford Health , Bismarck, ND.*



**My Story :**

In July 2015, I was selected to take over directorship of the pediatric clerkship.  
It seems like the right thing to do.

**AND .....**

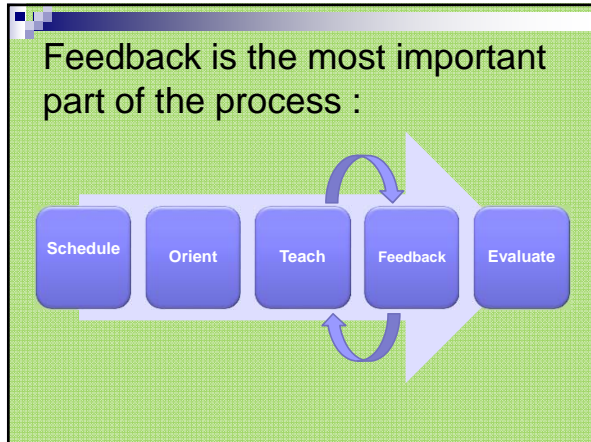
I accept the job.

**What do you think my next step was :**

A: Sweat (+ palpitations)  
B: Breathe deeply into a paper bag  
C: Call the previous clerkship director and ask “What the #\*+@!?”  
D: **Educate myself in how to be an effective teacher.**  
E: All of the above

**Working in two timelines**

<b>Clerkship Timeline</b>	<b>Academic Year Timeline</b>
<ul style="list-style-type: none"> <li>■ <b>TEACHING ROUNDS- FEEDBACK</b></li> <li>■ <b>Mid-Rotation Feedback</b></li> <li>■ <b>End of Clerkship Feedback</b></li> <li>■ <b>Run the SIMULATIONS- Feedback</b></li> <li>■ Site assignments &amp; Schedules</li> <li>■ Pre-clerkship information</li> <li>■ Orientation</li> <li>■ Deliver Curriculum</li> <li>■ Student Assessments</li> <li>■ Student Evaluations</li> <li>■ Crisis management</li> </ul>	<ul style="list-style-type: none"> <li>■ Recruit sites</li> <li>■ Review Course Evaluations</li> <li>■ Update Curriculum, Assessments, Grading rubric</li> <li>■ Update Clerkship Website</li> <li>■ Annual Report</li> <li>■ Faculty Development</li> <li>■ Evaluate Coordinator</li> <li>■ Professional Development</li> </ul>




### Millennial Generation

- Crave Feedback.
- Not as independent as their predecessor generations..
- Require more structure, guidance, and regular feedback.
- Mentoring is important.
- More "peer mentorship" than "top down mentorship"

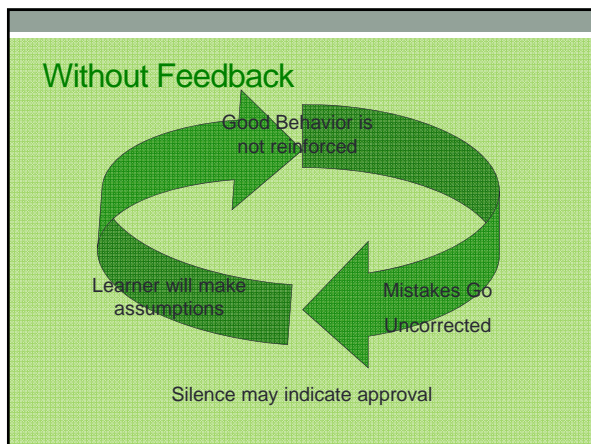
### What Is Feedback?

- Necessary and Expected
- Timely
- Specific
- Targeted to behavior
- Formative
- Based on direct observation
- Limited to 1-2 items Necessary and Expected




*"Feedback is the control of a system by reinserting into the system the results of its performance. If these results are merely used as numerical data for criticism of the system and its regulation, we have the simple feedback of the control engineer. If, however, the information which proceeds backwards from the performance is able to change the general method and pattern of the performance, we have a process which may very well be called learning."*

~Norbert Wiener, father of cybernetics



### What Isn't Feedback?

- Judgmental
- General
- One time
- Punitive
- \*\*Evaluation



### FEEDBACK VS. EVALUATION

	Feedback =Formative Evaluation	Evaluation=Summative evaluation
<b>Purpose</b>	Improvement	Judgment
<b>Timing</b>	Throughout	End
<b>Evaluator</b>	Preceptor & Learner	Preceptor
<b>Standards</b>	Incremental steps	End goals
<b>Uses</b>	Give feedback, identify strengths & weaknesses, develop a plan	Grades Judge competence

### Types of Feedback


- Formal Feedback
  - Set aside specific time (ex. given just after a clinical rotation)
- Major (Midway) Feedback
  - Midpoint or end of a learning experience or rotation
  - Services to provide information to learner so they can improve before end of rotation

### Types of Feedback


- Informal or Brief (“Feedback on the Fly”)
  - On the spot or soon after
  - Observed knowledge, attitude or skill
  - Use after watching an interaction (i.e. Direct Observation in Clinic, ED, Family Centered Rounds)
  - Offer tips on how to improve:
    - “Next time I would try asking the question this way...”
    - “When I examine a baby’s ears, I hold the otoscope this way.”
  - This feedback is very helpful to learners!!!

### Barriers to Effective Feedback

- Lack of time
- Lack of motivation
- Lack of resources
- Non-supportive culture
- Lack of knowledge & skills



### Barriers to Feedback- Lack of Time



*In their roles as Clerkship Directors engage in three principal activities:*

- **administration,**
- **teaching, and**
- **scholarly activity,** such as educational research.

*Studies by several Clerkship Directors (CD) organizations conclude that 25% should be considered a minimum estimate of time for the administrative aspects of running a clerkship.*

*With the added teaching and scholarly activities undertaken by a CD, a **minimum of 50% of an full-time equivalent** has been recognized as appropriate.*

**We are appointed as 20 % FTE.**

Expectations of and for Clerkship Directors:  
A Collaborative Statement from the Alliance for Clinical Education. Pangaro, et al. TLM 2003

### Who Is Proficient at Giving Feedback?

- Detects and discusses emotional responses of learners
- Proficient in handling conflict
- Asks what learners desire from teaching session
- Writes down or reviews professional goals
- Works to establish mutual goals, objectives and ground rules
- Lets learners figure it out themselves, even if learner has to struggle

Menchery D, et al. Physician Characteristics Associated with Proficiency in Feedback Skills. J GEN INTERN MED 2006; 21:440-446

### Who Is Proficient at Giving Feedback?

*“Teachers who are active and interested in eliciting and using feedback for their own development will be similarly engaged in providing feedback to learners.”*

Menachery D, et al. Physician Characteristics Associated with Proficiency in Feedback Skills. J GEN INTERN MED 2006; 21:440-446

### GUIDELINES FOR GIVING EFFECTIVE FEEDBACK

#### Step 1

Outline the expectations for the learner

### Effective Educators

Establish an effective learning climate

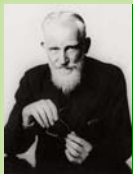
- Clarify expectations the first day
- Communicate and share goals for the learning experience
- Review schedule
- Assign patients, establish call schedule
- Promote self-directed learning
- Alert learners to the use of the “F” word

### GUIDELINES FOR GIVING EFFECTIVE FEEDBACK

#### Step 2

Prepare the learner to receive feedback

- Make it part of the orientation
- Make it private
- Make it timely
- Actually say the word “Feedback”



*“The single biggest problem in communication is the illusion that it has taken place.”*

~George Bernard Shaw, Under Construction

### GUIDELINES FOR GIVING EFFECTIVE FEEDBACK

#### Step 3

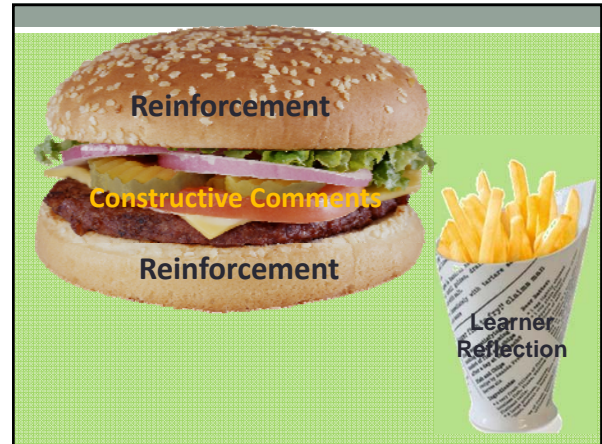
STOP and Give Feedback

- S=Specific
- T=Timely
- O=Observed behaviors
- P=Plan for action



Gigante J, Dell M, Sarkey A. Getting beyond “good job”: How to give effective feedback. Pediatrics. 2011 Feb;127(s):205-7.

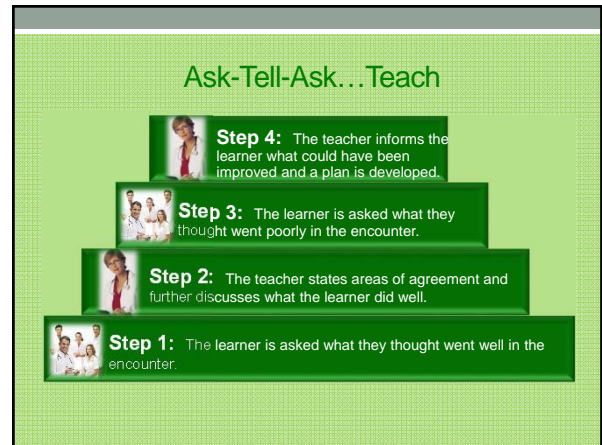




**Ask-Tell-Ask... Teach**

- Modification of feedback sandwich
- Teacher's comments are preceded by learner's observation
- Allows for discussions about performance after the event, instead of at the bedside
- Allows for more detailed review than the sandwich
- Encourages learner to reflect on what should be maintained or developed regarding their own performance

Cantrill J, Sargeant P. Giving Feedback in Clinical Settings. BMJ 2006; 337:1292-1294

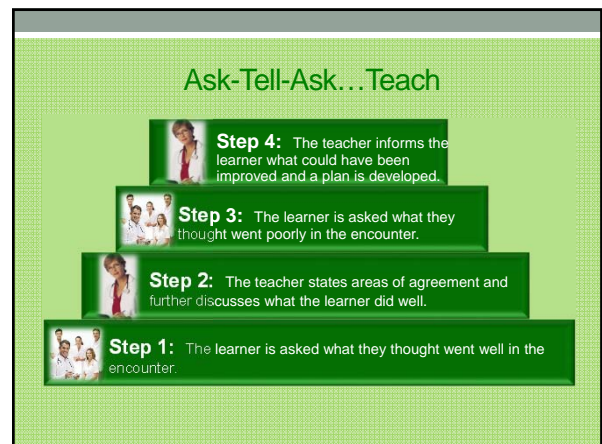


**GUIDELINES FOR GIVING EFFECTIVE FEEDBACK**

**Step 4**

Understanding is confirmed to ensure clear communication

- Make sure it is understood
- One approach is to say to the learner, "I want to be sure I expressed myself clearly to you so will you please rephrase what I have said to you in your own words."



### Ask-Tell-Ask...Teach

**Step 4:** The teacher informs the learner what could have been improved and a plan is developed.

**Step 3:** The learner is asked what they thought went poorly in the encounter.

**Step 2:** The teacher states areas of agreement and further discusses what the learner did well.

**Step 1:** The learner is asked what they thought went well in the encounter.

### Effective Feedback

- Opportunity for self-assessment
- Well timed and expected
- Based on observation or reliable information
- Specific, not general
- Validated with learner
- Regulated in quantity
- Phrased in descriptive non-evaluative language
- Collaborative spirit - teacher and student working as allies with common goals
- Makes plans for improvement

### Self Assessment

- How do you think the encounter went?

- Based on observation or reliable information

*"We are training a group of physicians who have never been observed."*

Ludwig Eichna, MD

- Specific, not general

*"That was a good case presentation."*

*"You did that exam very well."*

**Too General:**

*"That was a good case presentation."*

**More specific:**

*"That was a good case presentation. It was very organized. You followed the SOAP format and did a good job of clearly separating the S information from the O information."*

### Validated with learner

*"When you took a sexual history on Mr. Jones I noticed that you tended to avoid eye contact with him. Do you feel my observation was accurate?"*

### Phrased in descriptive non-evaluative language

**"Your skills in examining the ear are about 5 on a scale of 1 to 10."**

**"When you examine the ear, it is important to pull on it this way (illustrated by doc)."**

Given in a collaborative spirit - teacher and student working as allies toward common goals

**"This is something students often have difficulty with. Lets work on it together."**

### ■ Makes plans for improvement

□ Outlines a strategy or action plan

■ "Before the next 3 presentations, I want you to practice out loud and make sure you can give the presentation in 5 minutes and cover key points before rounds"

### "Problem Learner"

- " A learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural or interpersonal difficulty."

Vaughn et al. TLM 1998. 10:217-22.

### Evaluating the Problem Learner – 5 Step Approach

- Obtain Necessary Data
- Generate a Summary Statement
- The Differential Diagnosis
- Diagnostic Testing
- The Management Strategy

Bonnema R et al. Dealing with the Problem Learner: learning is not always the problem! SGIM 2008 Annual Meeting



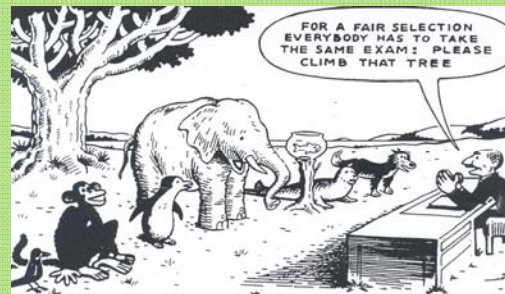
## THE RED PHONE

- Have a process for critical incidents
- Know who you need to contact if things “go south” for a student
  - Dean of students
  - Academic advancement committee
  - Psychiatric support

## Conclusions

- Feedback should:
  - Be undertaken with teacher and trainee working as allies, with common goals
  - Be well timed and expected
  - Be based on first hand data
  - Deal with specific performance, not generalizations
  - Offer subjective data, labeled as such
  - Deal with decisions and actions, rather than assumed intentions or interpretations

Ende, JAMA. 1983;250(6):777-781



## End with Ende



*“The important things to remember about feedback in medical education are that (1) it is necessary, (2) it is valuable, and (3) after a bit of practice and planning, it is not as difficult as one might think.”*

~Jack Ende, MD

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