



# THE ART OF GIVING FEEDBACK

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# ART

- Diverse range of human activities and the products of those activities, usually involving imaginative and technical skill (wikipedia.org)
- Skill acquired by experience, study or observation (merriam-webster.com)
- An occupation requiring knowledge or skill (merriam-webster.com)

Youth, energy, desire

Great job!

Responsible

Mature

Interested

Dresses well

Looks good

Good personality

# OBJECTIVES

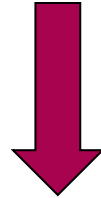
- Redefining feedback
- Stress the importance of direct observation
- Describing characteristics of effective feedback
- Share tips on giving effective feedback

# WHAT IS FEEDBACK?

## Definition of Feedback:

- Helpful information or criticism that is given to someone to say what can be done to improve a performance (merriam-webster.com)
- Information about a person's performance of a task used as a basis for improvement (oxforddictionaries.com)
- Information sent to an entity about its prior behavior so that the entity may adjust its current and future behavior to achieve the desired results (businessdictionary.com)

**FEEDBACK**



**IMPROVED PERFORMANCE**

# FEEDBACK

- An informed, non-evaluative, objective appraisal of performance intended to improve clinical skills (Pediatrics 127(2):205)
  - Provide reassurance about achieved competency
  - Guide future learning
  - Reinforce positive actions
  - Identify & correct areas for improvement
  - Promote self reflection
- Specific
- Describes observed behavior



# EVALUATION

- The making of a *judgement* about the amount, number or value of something
- Assessment

POSITIVE

NEGATIVE

**USEFUL  
FEEDBACK**

REINFORCING

MODIFYING

**IMPROVED PERFORMANCE**



# IMPORTANCE OF DIRECT OBSERVATION

## Observation (Direct)

- Occurs infrequently
  - 57% pediatric clerkships evaluate students' PE or other clinical skills by direct observation
  - 22% of internal medicine clerkships report documenting direct observation of students
  - Surgery clerkship study: faculty evaluated students primarily based on *their* interactions with the students and not on observed clinical interactions with patients

## Observation (Direct)

- Aim:
  - to gather accurate information about a learner's actual performance in clinical settings vs inferring performance
- Allows teachers to provide effective, timely and specific feedback on observed skills that can be incorporated into action in subsequent encounters

## Observation (Direct)

- Better satisfaction both on the residents and preceptor side
- With faculty development, these skills can be learned and rating of overall performance can be more consistent

# DOCUMENTING DIRECT OBSERVATION

- Tools
  - SCO (structured clinical observation)/OSCE (observed structured clinical exam)
  - Observation sheets
    - Allow for easy, specific & quick documentation
    - Give focused feedback
  - FAST Evaluation (Dr J Kirby) form on WBFA
  - Mobile App, Instant Eval Dermatology, for direct observation of residents (created by MS O'Connor & Dayal)

Clerkship Encounter Card			
Date _____	Student Name _____		
<u>Type of Encounter</u>	<u>Level of Performance</u>		
	Below Expectation	At Expectation	Above Expectation
Observed History	_____	_____	_____
Observed Physical Exam	_____	_____	_____
Oral Presentation	_____	_____	_____
Written Presentation	_____	_____	_____
Assessment skill	_____	_____	_____
Management Plan	_____	_____	_____
What needs improvement?			
Other comments (turn over):			
Attending: _____			
Clerkship encounter card.			



## Mini-Clinical Evaluation Exercise (CEX)

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident:** \_\_\_\_\_  R-1  R-2  R-3

**Patient Problem/Dx:** \_\_\_\_\_

**Setting:**  Ambulatory  In-patient  ED  Other \_\_\_\_\_

**Patient:** Age: \_\_\_\_\_ Sex: \_\_\_\_\_  New  Follow-up

**Complexity:**  Low  Moderate  High

**Focus:**  Data Gathering  Diagnosis  Therapy  Counseling

**1. Medical Interviewing Skills** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**2. Physical Examination Skills** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**3. Humanistic Qualities/Professionalism**

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**4. Clinical Judgment** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**5. Counseling Skills** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**6. Organization/Efficiency** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**7. Overall Clinical Competence** ( Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

**Mini-CEX Time:** Observing \_\_\_\_\_ Mins    Providing Feedback: \_\_\_\_\_ Mins

Evaluator Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

Resident Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Evaluator Signature

Dermpath Competency Checklist

Resident \_\_\_\_\_

Staff \_\_\_\_\_

Rotation \_\_\_\_\_

	MET	NOT MET	NOT OBSERVED
Accurately described pathology findings			
Formulated a reasonable differential diagnosis			
Discussed key features of entities in the diagnosis			
Assisted with obtaining appropriate history and physical exam information			
Performed literature reviews for complicated cases			
Demonstrated appropriate use of microscope			
Maintained professionalism and satisfactory interpersonal skills			

Areas of excellence:

Areas of improvement:

Discussed with resident? Yes No

Surgical Competency Checklist

Resident \_\_\_\_\_

Staff \_\_\_\_\_

Rotation \_\_\_\_\_

	MET	NOT MET	NOT OBSERVED
Obtained thorough history			
Documented appropriate physical exam			
Formulated a reasonable assessment & management plan			
Discussed various treatment options			
Obtained informed consent			
Maintained appropriate clean/sterile technique			
Demonstrated technical skills appropriate for level of training			
Used appropriate surgical instruments			
Discussed plan for follow up			
Maintained professionalism and satisfactory interpersonal skills			

Areas of excellence:

Areas of improvement:

Discussed with resident? Yes No

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### Clinical Competency Checklist

Resident \_\_\_\_\_

Staff \_\_\_\_\_

Rotation \_\_\_\_\_

	MET	NOT MET	NOT OBSERVED
Obtained thorough history Documented appropriate physical exam			
Formulated a reasonable assessment & management plan			
Discussed various treatment options			
Demonstrated technical skills appropriate for level of training			
Maintained professionalism and satisfactory interpersonal skills			

Areas of excellence:

Areas of improvement:

Discussed with resident? Yes No

## Observation (Direct)

- Incorporate into clinical practice
  - Create a culture where observation is understood, expected, non threatening and routine for all.
  - Should occur regularly
  - Focus on specific skills and behaviors
  - Use multiple short observations
  - Should be coupled with immediate and targeted feedback

# CHARACTERISTICS OF USEFUL FEEDBACK

## GOAL REFERENCED

- Requires a learner to have a goal
- Takes action toward that goal
- Receives information about his/her action toward that goal
- Information=feedback → one is on track or needs to change course
- For learners – these goals must be made clear, and should be reminded of criteria to self assess

## ACTIONABLE

- Concrete, specific → providing actionable information
- Descriptive
- Simply present the data/behavior; don't infer from data presented
  - “students were bored in class”
  - “I noticed 8 out of 12 students showing inattentive behavior in class, like texting, passing notes...”
- Not inference nor judgment
- Do not taint with personality traits
  - Not a team player : shy or aloof
  - I noticed...you are not one to raise your hand and volunteer readily



## USER FRIENDLY

- Must be described at the level of the learner
  - must assess understanding of the learner, sometimes
  - “do you appreciate how ...”
- Focus on one or two key elements on the performance
- Too much feedback may be counterproductive
- Check to ensure clear communication
  - Have them rephrase the feedback to ensure it is what was on your mind/intent
  - Feedback can be threatening and can be subject to misinterpretation

# CONSISTENT

- Stable, accurate & trustworthy
- Must be on the same page about what high quality work is
- Collaborative
- Non-judgemental
- Respectful, supportive

## TIMELY & LOCATION SENSITIVE

- Not necessarily always immediate
  - While the attempt and effects are still fresh in their minds
- Excellent feedback given at the inappropriate time may do more harm than good.
- Privately, if significantly corrective

## ONGOING

- Must allow for opportunities to improve & reshape performance to achieve desired goal
- Learner's ability to adjust based on the feedback they receive
- “The ability to quickly adapt one's performance is a mark of all great achievers and problem solvers”

## CAVEAT: ADVICE

- Feedback or advice:
  - You should use more percutaneous sutures.
  - You should have included some essential questions in your case based teaching session with the residents.
- Ensure the learner has grasped & accepted the feedback from which the advice was based.
  - Learner may be insecure about their judgement or rely on expert advice & panic when faced with varying advice or no advice at all
- “Given the feedback, do you have some ideas on how to improve?”
  - Builds greater autonomy & confidence in the long haul

# PLAN FOR IMPROVEMENT

- Accompanied by learner self assessment & reflection
  - “do you appreciate what you did...?”
  - “how do you think you can do...?”
  - “how do you think you could have done it differently?”
- Development of an action plan & follow up
- Put in in their court

# LEARNER CENTERED

- Remind learners: central role in feedback process (or feedback loop)
- Encourage learners to evaluate themselves & seek feedback (self assess)

## SIMPLE REMINDER

- **S**pecific
- **T**imely
- **O**bjective & based on **O**bserved behavior
- **P**lan for improvement discussed with learner



# TIPS/TOOLS ON GIVING USEFUL FEEDBACK

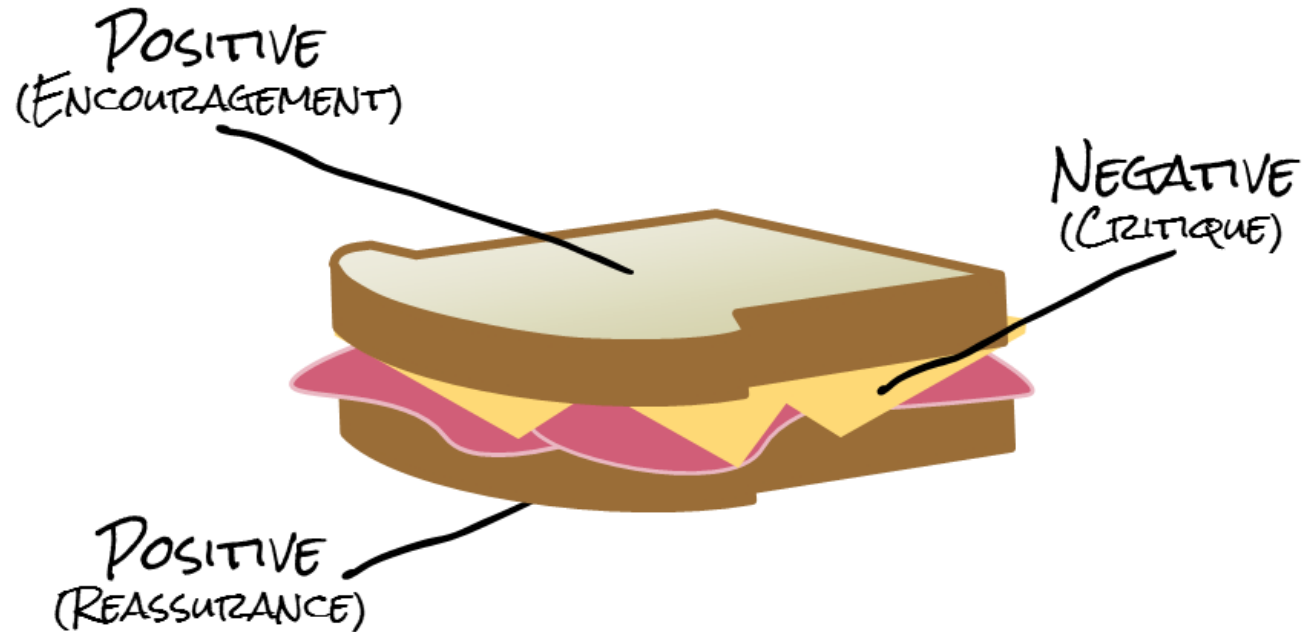
# ASK TELL ASK METHOD

- ASK
  - For the learner's self assessment
- TELL
  - Acknowledge and address their concerns
  - State your observation
    - Provide feedback on at least one thing that the resident did well
    - Address a minimum of one or two other areas for improvement
  - Provide focused teaching

# ASK TELL ASK METHOD

- ASK
  - Check the resident's understanding
  - Discuss a *plan for improvement*

# SANDWICH METHOD



[www.brightcarbon.com](http://www.brightcarbon.com)

## CAVEAT to the SANDWICH METHOD

- 1) Focus on the positive
- 2) Positive feedback may be discounted, believing it's not genuine
- 3) Delay the value of the negative feedback
  - Potentially undermine your learners
  - Unilaterally controlling

## CAVEAT to the SANDWICH METHOD

- Be transparent about your strategy
  - Share your concern
  - Share how you'd like to approach the situation & get their buy in to the process
  - Be open to learning something from the process
- Mutually learning process
  - Feedback becomes an opportunity for all involved to make informed choices together
  - Shows respect, not controlling or alienating
  - Makes both negative and positive feedback feel more genuine
  - Lowers your discomfort & anxiety

## CAVEAT to the SANDWICH METHOD

- Don't use the word "BUT" as it will negate the initial positive comment
- Instead...
- Start with a compliment
- Use "AND"
- Must give the what and the why?

# HOW TO GIVE FEEDBACK WITHOUT CRITICISM

- Manage your attitude
  - Stay calm
  - Be clear about your goals
  - Express appreciation
  - Don't criticize or argue
- Empathize
  - Imagine their point of view
  - Ask questions to understand their point of view
- Neutralize
  - Talk about facts and observations, not assumptions
  - Talk about the problem not the person
  - Share observations with "I" statements



# HOW TO GIVE FEEDBACK WITHOUT CRITICISM

- Educate
  - Discuss effects of the problem
  - Use reversals or analogies to shift their point of view
  - Describe your feelings with “I” statements
- Cooperate
  - Look for common goals
  - Engage in give & take
  - End with action steps

# NEGATIVE FEEDBACK: how to make it easier to give

- Be objective
  - Draw their attention to the required curriculum to highlight the expectations placed on them
  - Emphasizes standards set on all learners and removes any personal bias
- Detach the situation from the person
  - focus on the behavior
  - comment on the issue, not the person
- Give recommendations on how to improve
  - Specific recommendations
  - Rationale behind the recommendation
- Involve them in the action plan

## Guidelines for giving feedback

- Outline the expectation for the learner
- Prepare the learner to receive feedback
  - Use the word “feedback”
  - Private setting
  - Timely
- Ask the learner for self assessment
  - Interactive
- Tell the learner how he/she is doing
  - Based on observed actions & changeable behaviors
  - Provide concrete examples

## Guidelines for giving feedback

- Agree on plan for improvement
    - Allow learner to react to feedback
    - Suggest specific ways to improve performance
    - Develop an action plan with learner; elicit suggestions from learner
    - Outline consequences
  - Encourage learners to elicit feedback
  - Should occur daily
  - Faculty development programs
  - Learners should be encouraged to elicit feedback
-

# EFFECTIVE FEEDBACK

- Crucial for improving clinical performance
- Helps our learners and ultimately our patients
- Direct observation is key
- Giving effective feedback
  - A critical and learned skill for educators
  - Necessary & valuable
  - Culture where feedback is expected
  - Practice & planning will allow it to be incorporated into daily practice easily
- Defines a master teacher!

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**THANK YOU VERY MUCH!**