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## Feedback: Helping Learners Grow

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# FEEDBACK

HELPING LEARNERS GROW

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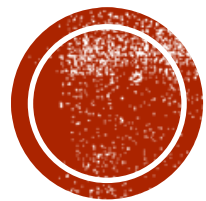
Thomas Jefferson University



# LEARNING OBJECTIVES

- Understand the role of feedback in medical education
- Identify several models for delivering feedback
- Develop list of go-to activities that would prompt feedback delivery
- Practice feedback delivery skills





**WHAT?**

# WHAT IS FEEDBACK?

- Providing information to learners about their performance with purpose of affecting future performance
- Feedback provides learner with insight



# CRITERIA FOR FEEDBACK

- Descriptive: describe observed behavior
  - “you are doing a great job” is not helpful
  - “I really liked how you took social history from Ms. Jones. I like that you have asked about her living arrangements” is better.
- Specific (rather than general)
  - “you should read more” is not helpful
  - “read about causes of acute renal failure” is better
- Directed towards remediable behaviors
  - “you stutter” is not helpful
- Timely (as close to the event as possible)
- Selective
  - Address one or two key issues rather than too many



# FEEDBACK IS NOT A CRITICISM NOR A COMPLIMENT

- Criticism (or compliment) is a statement that describes observer's reaction to an observed behavior
  - “that was a great physical exam”
  - “your neuro exam is suboptimal”
- This is not feedback
  - It is immediate
  - NOT specific enough



# FEEDBACK IS NOT AN EVALUATION

## Feedback

- Information
- Formative
- Low key
- Propels students forward

## Evaluation

- Final “judgement”
- Summative
- High stakes
- Translates into scores or grades





# FEEDBACK IS...

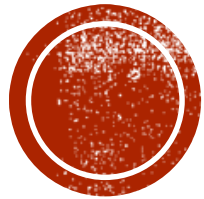
- Descriptive statement about observed event AND **explanation**
  - Descriptive language
  - Based on specific behaviors that can be changed
- “As I observed you perform a neuro exam, I noticed you omitted the sensory exam. Sensory exam is an important part of a neurologic evaluation.”



# TYPES OF FEEDBACK

- Brief: 1-5 minutes
  - In a context of daily interactions between learner and educator
  - Immediate after observed skill
- Comprehensive: 5-20 minutes
  - Scheduled
  - “Feedback Friday”
  - mid- or end-block feedback session





**WHY?**

# DOES FEEDBACK MATTER?

- Impact of feedback on student self-assessment after 8-station OSCE with standardized patients
  - Multi-institutional study
  - 280 medical students
- Self-assessed performance immediately after OSCE
- Then self-assessed one month later after watching video
  - Half got feedback and re-assessed
  - Half got no feedback and re-assessed
  - Scores compared to SP scores as gold standard



# DOES FEEDBACK MATTER?

- Immediate self-assessment: very poor correlation with SP scores ( $r=0.01-0.16$ )
  - Students are NOT good at self-assessment!
- Without feedback, correlation remained weak ( $r=0.13-0.18$ )
- With feedback, correlation much better ( $r=0.26-0.47$ )
- Lowest performing students showed greatest improvement after receiving feedback!



# DOES FEEDBACK MATTER?

- Students are NOT good at self-assessment
- Ability to self-assess improves with feedback
- Lowest performers benefit the most
- Accurate self-assessment: insight drives learning



# DOES FEEDBACK HAVE TO BE COMPLIMENTARY?

- Trial of student reaction to feedback
  - 33 students
  - Instructed on surgical knot tying skills
- Randomized to receive specific feedback vs generalized compliments on their performance.
- Assessment
  - Skills before and after feedback sessions (32 point scale)
  - Student satisfaction scale (7 point scale)



# DOES FEEDBACK HAVE TO BE COMPLIMENTARY?

- The average performance of students who received feedback improved (21.98 vs 15.87,  $p < 0.001$ )
- The average performance of students who received compliments did not improve significantly (17.00 vs 15.39,  $p = 0.181$ )
- The average satisfaction with “feedback” was significantly higher in students who receive *compliments* vs actual feedback (6.00 vs 5.00,  $p = 0.005$ )





# DOES FEEDBACK HAVE TO BE COMPLIMENTARY?

- Feedback improved performance!
  - Specific feedback
- “Student satisfaction is not an accurate measure of quality of feedback”
- Making learners happy vs. skill growth?
- Satisfaction DOES NOT equal quality



# FEEDBACK VS QUALITY OF TEACHING

- Receiving high-quality feedback is the strongest predictor of perceived high overall teaching quality (odds ratio [OR] 4.5; 95% CI 3.57-6.25)
- Feedback on the following:
  - Oral presentations
  - Differential diagnosis
  - At bedside

Torre DM et al, *Learning Activities and High-Quality Teaching: Perceptions of Third-Year IM Clerkship Students*. Acad. Med. 2003; 78: 812-814

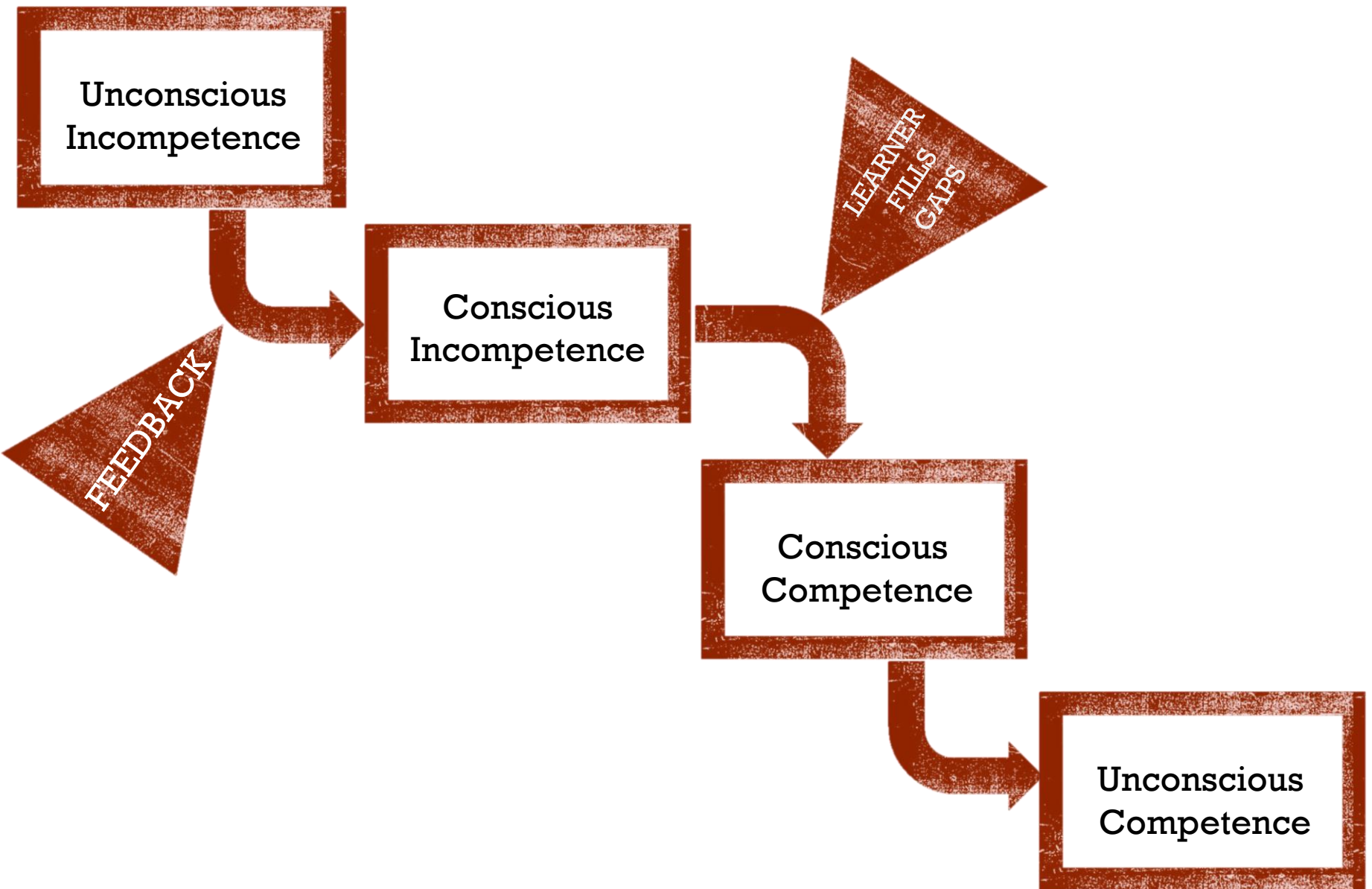
Torre DM et al, *Learning/Feedback Activities and High-Quality Teaching: Perceptions of Third-Year Medical Students during an Inpatient Rotation*. Acad. Med. 2005; 80:950-954.



# FEEDBACK VS QUALITY OF TEACHING

- Proficiency in giving feedback is a skill that those aspiring to be great educators should master





# LEARNING TO GIVE FEEDBACK: OTHER BENEFITS

- Feedback skills are generic!
- You will have employees and will need to give feedback
  - Administrative staff
  - Clinical staff



# SO, TO SUMMARIZE...

- Feedback drives learners to improve
  - Helps highly functioning learners get to the next level
  - Helps to diagnose and move along struggling learners
- Knowing how to give feedback will help you grow as an educator
- Feedback skills are generalizable





# FEEDBACK TECHNIQUES

- W3 method
- The feedback sandwich
- The Pendleton model
- Ask/tell/ask





# W3 FEEDBACK MODEL

- What worked well?
  - “You established a great rapport with Ms. Jones. You have a warm bedside manner, and you two seemed to have connected well.”
- What did not work well?
  - “However, during your interview you used a lot of medical terminology that Ms. Jones did not understand”
- What could be done differently next time?
  - “Think of lay terms to discuss things you commonly discuss with patients, and try to utilize these next time.”

Savi, Christine. Resident as Teacher: Giving and Receiving Feedback.

<http://phoenixmed.arizona.edu/sites/default/files/content/facdev/rd/feedback.pdf>

Accessed on 5/1/2016



# THE FEEDBACK SANDWICH

- Positive feedback
  - “I liked that you presented the H&P in an organized fashion. Great job”
- Negative feedback
  - “However, your HPI did not contain any pertinent positives and negatives”
- Positive feedback
  - “Your physical exam presentation was short and to the point, exactly how it should be presented”



# THE PENDLETON MODEL

- Ask learner to state what was good about own performance
- Provide positive feedback
  - “I liked that you presented the H&P in an organized fashion. Great job”
- Ask learner to state what could be improved about own performance
- Provide negative/corrective feedback
  - “However, your HPI did not contain any pertinent positives and negatives. Before you present next time, it is helpful to think about what pieces of review of systems are particularly relevant to the presenting complaint, and talk about them in the HPI.”



# ASK/TELL/ASK

- **Ask** learner to assess own performance
  - What is learner's insight into own performance?
- **Tell** learner what you observed
  - Both positives and negatives
- **Ask** learner if they understand
  - “what could you do differently?”
  - Make suggestions
  - Make a plan for monitoring

Konopasek L, Bar-on M, Ask-Tell-Ask: A Tastier Feedback Sandwich.

<http://www.acgme.org/Portals/0/PDFs/2015%20AEC/Presentations/ses039.pdf>

Accessed on 5/1/2016



# ASK/TELL/ASK

- Ask

- “How did you think your presentation go?”

- Tell

- “I liked that you presented the H&P in an organized fashion. However, your HPI did not contain any pertinent positives and negatives. It is important to list those so that I know you had a differential in mind when you were interviewing the patient”

- Ask or Tell or Both

- “How do you think you can handle this better next time?”

Or

- “Next time, be sure to include all review of systems pertinent to the presenting complaint in the HPI.”



# W3 FEEDBACK MODEL

- What worked well?
  - “You established a great rapport with Ms. Jones. You have a warm bedside manner, and you two seemed to have connected well.”
- What did not work well?
  - “However, during your interview you used a lot of medical terminology that Ms. Jones did not understand”
- What could be done differently next time?
  - “Think of lay terms to discuss things you commonly discuss with patients, and try to utilize these next time.”

- ❌ Learner insight not assessed
- ✅ Educator reflects on observed
- ✅ Plan for improvement provided



# THE FEEDBACK SANDWICH

- Positive feedback
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- Positive feedback
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- ✅ Educator reflects on observed
- ❌ No plan for improvement



# THE PENDLETON MODEL

- Ask learner to state what was good about own performance
  - Provide positive feedback
    - “I liked that you presented the H&P in an organized fashion. Great job”
  - Ask learner to state what could be improved about own performance
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- 
- ✓ Learner insight assessed
  - ✓ Educator reflects on observed
  - ✓ Plan for improvement provided





# ASK/TELL/ASK

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    - What is learner's insight into own performance?
  - **Tell** learner what you observed
    - Both positives and negatives
  - **Ask** learner if they understand
    - “what could you do differently?”
    - Make suggestions
    - Make a plan for monitoring
- 
- ✓ Learner insight assessed
  - ✓ Educator reflects on observed
  - ✓ Plan for improvement is developed



# PRINCIPLES OF GOOD FEEDBACK

- Use appropriate (private) location
- Establish mutually agreed goals
  - agree that feedback will take place
- Well timed and expected
- Based on behaviors observed first-hand
- Based on specific performance (not generalization)
- Connect feedback to specific correctable behavior
- Use descriptive, non-judgmental language

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

Anderson PAM, *Giving Feedback on Clinical Skills: Are we starving our young?* J Grad Med Educ 2012; 4(2): 154-158



# PRINCIPLES OF GOOD FEEDBACK

- Elicit learner's thoughts and feelings
- Include suggestions for improvement
- Limit quantity of feedback

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

Anderson PAM, *Giving Feedback on Clinical Skills: Are we starving our young?* J Grad Med Educ 2012; 4(2): 154-158



# FEEDBACK: PLAN AHEAD

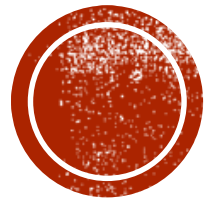
- What will you say?
- Make sure you have all the information you need
  - First hand observations are easy
  - Second hand observations?



# REMEMBER TO LABEL IT “FEEDBACK”

- Learners may have their own perception of what feedback is and may not perceive your feedback as such
- Always label your interaction as “FEEDBACK” when you are doing it.





**NOW WHAT?**

# FEEDBACK IS HARD! WHY?

- Limited experience in providing feedback
- Limited opportunities to observe students
- Limited time
- Student/learner problems



# FEEDBACK IS HARD! WHY?

- Limited opportunities to observe students
  - REMEMER: Feedback must be specific
- Lack of time
- “Observations are the currency of feedback and without them the process becomes ‘feedback’ in name only”





# WHAT TO GIVE FEEDBACK ON?

- Knowledge
- Skills
- Professionalism/attitude



# OBSERVATIONS: QUICK AND EASY

- Read a note (ASSESSMENT!!)
- Watch discharge instructions
- Watch a piece of the H and P (lung exam, ROS, etc)
- Listen to a presentation (consults, one liner, etc)



# FEEDBACK IS HARD! WHY?

- Negative feedback is hard to give
- Learners perceive positive feedback as “good” and negative feedback as “bad”



# DEFENSIVE REACTION TO POOR FEEDBACK

- Blaming
  - “it’s not my fault! Ms. Jones is a poor historian”
- Denial
  - “I don’t think this is a problem”
- Rationalization
  - “I have had a particularly bad week”



# DEFENSIVE REACTION OF PERSON PROVIDING FEEDBACK

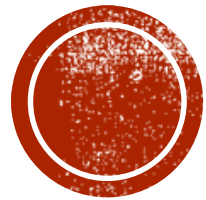
- Obligation
  - “it’s my job to tell you this”
- Moral high ground
  - “it’s for your own good”
- Minimizing
  - “don’t worry, lots of students do this”



# WHAT TO DO IF YOUR LEARNER IS RESISTANT TO FEEDBACK

- Name and explore the resistance
  - “I can see this is bothering you. Help me understand why”
- Keep positive focus
  - “Let’s recap your strengths and see if we can build on any of these to help address this issue”
- Allow time out
  - “do you need time to think about this?”
- Keep responsibility with the trainee
  - “what will you do to address this?”





**ALMOST DONE!**

# TO SUMMARIZE...

- Feedback is information about learner's performance
- Feedback helps learners grow
- Strong educators are doing it
- This is your real chance to make a difference





# TO SUMMARIZE...

- Do it frequently: practice makes perfect
- Develop your go-to observations
- Remember to label it as feedback to get learner's attention
- Many methods of delivery exist
  - Best ones assess learner's insight into their own performance
  - All provide a description and explanation of observed behavior
  - Must include a “plan of action”
- Be very specific

