



THE UNIVERSITY OF  
**CHICAGO**  
BIOLOGICAL  
SCIENCES

# Giving Effective Feedback

Nicola Orlov, MD MPH

Assistant Professor

Department of Pediatrics

# Disclosures

- I have no financial relationships to disclose
- I will no discuss off label use or investigational use in my presentation



# Agenda

- Objectives
- Warm-up Exercises
- Effective Feedback Skills
- Discuss Challenging Scenarios
- Providing Feedback on Evaluations
- Questions and wrap-up



# Objectives

- Understand the key features effective formative feedback
- Implement strategies for providing feedback for difficult learners
- Have a framework for providing summative feedback



## Setting the stage

- Think back to a time when feedback you received (or gave) was done skillfully....
- And a time when it was not....



# A Few Definitions

- Formative Feedback
- Summative Evaluation



# A Few Definitions

- Formative Feedback
  - Focuses on the PROCESS
  - Real-time
  - Used for improvement in practice
  - Identifies learners strengths and weaknesses
- Summative Evaluation
  - Focuses on the OUTCOME
  - Evaluation at the end of a learning period
  - Determination as to whether goals have been met
  - Overall judgement about competence or ability to advance



# Before Giving Feedback

- Setting
- Timing
- Learner Readiness





# Key Features of Effective Feedback

- Work as allies with common goals
- Well timed and expected
- Based on first hand data
- Regulated in quantity
- Limited to behaviors that are remediable
- Use descriptive, non-evaluative language
- Based on specific examples, not generalizations
- Deal with decisions and actions rather than assumed intentions or interpretations
- Acknowledge subjective assessments as such
- Positive feedback has its hazards

Ende J. Feedback in Clinical Medical Education. JAMA. 1983; 250:777-81.

---



# Strategies

- Start with expectations
- Give interim feedback
- Ask the learner to self-evaluate
- Label feedback as feedback
- Suggest ways to improve
- EXAMPLES, EXAMPLES, EXAMPLES
- Make a follow-up plan



# Barriers to Feedback

- Time, time, time, time
- Lack of first-hand data or specific examples
- Lack of perceived value
- Unclear expectations
- Effects on teacher-learner relationship
- Perceived impact on faculty evaluations
- Lack of training



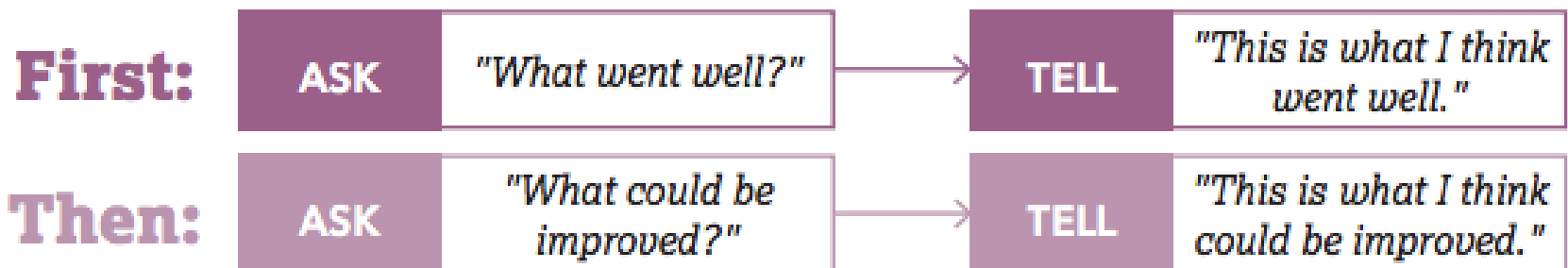
# Feedback Sandwich VS Ask-Tell-Ask

- Good-Bad-Good (Praise, Criticism, Praise)
  - Doesn't work for all learners
  - Learners worry about the bad and don't hear the good
- Ask-Tell-Ask
  - Fosters self assessment
  - Increases learner accountability
  - Gives insight into learner's performance
    - Helps us not make assumptions about intentions
  - A dialogue so easier for learner to process information



# Ask – Tell – Ask

- Ask:
  - What went well?
  - What could have gone better?
  - What were your goals?
- Tell:
  - React to their answers
  - Tell them what you observed with specific examples
- Ask (again):
  - Make sure they understand strategies for improvement
    - What would you do differently moving forward?



# Difficult Feedback Scenarios

- Communication
- Professionalism
- Average learner
- Learner resistant to feedback



# Practice – Role Play



# Scenario 1

You have found your resident to be very confident; in fact, he seems to think he is somehow beyond the other residents. He pursued a PhD in medical school and had breaks in his education. He has been argumentative during teaching, even when he does not thoroughly understand a topic. He has been a bit informal with you and other attendings, referring to them by their first names when talking to others. Her fund of knowledge is spotty – although very strong in basic physiology, she sometimes does not know the clinical manifestations of a disease or the general diagnostic/therapeutic approach. For example, while she could explain the biochemistry of DKA in detail, she could not list all the important symptoms, could not identify the endpoints of therapy, and did not keep a detailed flow sheet. Her write ups and presentations are somewhat disorganized, including elements from the physical exam and lab data that get incorporated into the history of present illness (HPI)





## Scenario 2

Your student this month has admitted one patient on every call day. His presentations were always well organized, although you sometimes had trouble understanding the details of the patient's complaint. His differential diagnoses were rather shallow and seemed to echo the brief list found at the end of the resident's write-up. On rounds, he rarely volunteered information or participated in discussions. He even fell asleep twice on rounds, although once this occurred on a day after being on call. You have noticed that he knows little more about his patients than the raw diagnostic data; in fact you have wondered whether he has any contact with his patients other than on morning rounds. His progress notes are short and test results are usually listed as "pending" in the progress notes.

The team has been rather busy this month. The resident told you that although the student did all the work required of him, he was almost never present in the afternoons and left immediately after seeing his admissions on call days.



# Summative Evaluation

- Based on directly observed data
- Cite specific examples, avoid generalizations
- Limited to behaviors that are remediable
- Focus on what was done, not why
- Avoid judgmental language
- Outline clear plan of action/next steps
- Measure against defined goals



## 1-2-3 Rule

- One sentence for domain of adequacy that required minimal feedback
- Two sentences for a domain where learner improved after feedback
- Three sentences for a domain of learner inadequacy even after feedback



# Feedback Pearls

- Just do it!
  - Set aside time at the start of the week
- Set expectations early
- Ask learners for their goals
- Invite feedback on your own practice
  - Communicate your own goals
- Consult a trusted colleague if you are struggling with a learns
- Work on a specific plan of action
- Set a time to follow up



# Wrap-Up & Questions



# References

1. Ende J. “Feedback in Clinical Medical Education.” *JAMA* 1983; 250(6): 777-781.
2. Epstein RM. “Assessment in Medical Education.” *N Engl J Med* 2007; 356(4): 387-96.
3. “Formative.” *Merriam-Webster.com*. Merriam-Webster, n.d. Web. 23 Feb. 2016.
4. Harrell HE. “Resident as teacher: practical tips to enhance feedback on the fly.” *Semin Med Pract* 2007; 10: 37-40.
5. Holmes AV, Peltier CB, et al. “Writing Medical Student and Resident Performance Evaluations: Beyond ‘Performed as Expected.’” *Pediatrics* 2014; 133(5): 766-768.
6. Pangaro L. “A new vocabulary and other innovations for improving descriptive in-training evaluations.” *Acad Med* 1999; 74(11): 1203-1207.
7. “Summative Assessment.” (August 29, 2013). In S. Abbott (Ed.), *The glossary of education reform*. Retrieved from <http://edglossary.org/summative-assessment>.
8. “Summative.” *Merriam-Webster.com*. Merriam-Webster, n.d. Web. 23 Feb. 2016.

