

# Feedback

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I have no disclosures to report.



“ Good Feedback  
Is the **KEY**  
to Improvement ”

# Three Key Points

- Feedback culture has changed
- Feedback  $\neq$  Evaluation
- Trainees *want* frequent, low-stakes, formative feedback



# FAME Feedback Consultant Project

- 11 Core Departments
  - Anesthesia
  - Dermatology
  - Emergency Medicine
  - General Surgery
  - Internal Medicine
  - Neurology
  - OB/Gyn
  - Orthopedics
  - Pediatrics
  - PM&R
  - Psychiatry

# FAME Feedback Consultant Project

- Feedback Champions
- Identify a “slice” of the pie – a rotation or aspect of trainee feedback to focus on
- Feedback data audit
- Resident Meetings
- Faculty Development
- Process Changes

# Feedback Data Audit

- Kudos to Brigid Dolan & Ibrahim Hakim, Jenny Lee & Angie Delk, Maja Sunleaf!
- Champions reviewed 1 year of data for their chosen “slice”
- Feedback rated on: Specific, Actionable, Tone
- Goal is to take this data back to departmental leadership and faculty

# Feedback Data Audit

Specific (includes behaviorally based feedback)

0	1	2
Feedback does not reference specific competencies or behaviors	Specific competencies are commented upon, but no observations are made or examples included in feedback	Feedback includes competency-based comments that are behaviorally-anchored



# Feedback Data Audit

## Actionable

0	1	2
No actionable feedback. May include "read more"	Shares a domain for improvement without a way to improve and an improvement plan may not be intuitive to learner	Gives a specific plan for improvement

# Feedback Data Audit

## Tone

0	1	2
Comment supports a fixed-mindset and may be discouraging to the learner	Some fixed-mindset language but tone overall respectful and encouraging	Uses a growth mindset, avoids fixed descriptors, encourages further behavior change

# Feedback Data Audit

- Numbers for specific, actionable & tone varied by department
- Likely linked to the feedback culture within the department
- All groups had room for improvement (most groups averaged in the 2-4.5 range)

# Resident Meetings

- Feedback culture and teaching culture are intricately linked
- Trainees *want* more real time/in the moment feedback. They are less interested in forms and numerical data received months later.
- Trainees *want* to hear both the positives AND how they can improve.



Feedback  $\neq$  Evaluation

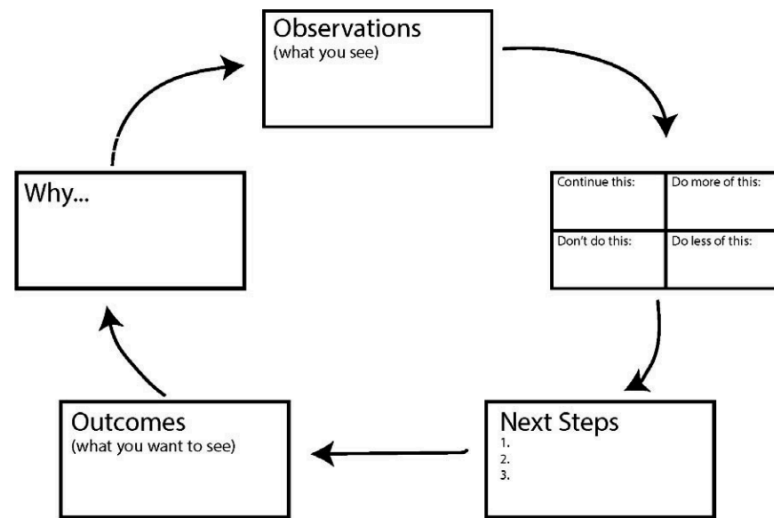
Frequent, low-stakes,  
formative feedback

Culture Change

# Faculty Development

- A piece of the puzzle
- Faculty development sessions
  - Providing feedback with a coaching mindset -- What to keep doing and how to improve
  - Focus on improving the quality of feedback (specific, actionable, tone)
- Resource toolkit
  - TIME lectures
  - FAME modules
  - Articles for background knowledge
  - Infographics to distribute/review with faculty
- Coming soon: Coaching module

# Faculty Development



**FIGURE**  
Framework for Effective Feedback

## Six Common Pitfalls of Feedback Conversations

Janice C. Palaganas, PhD, APRN, assistant professor of anesthesia, Harvard Medical School, principal faculty, Center for Medical Simulation, and adjunct associate professor, MGH Institute of Health Professions; and Roger A. Edwards, ScD, director of health professions education and associate professor, MGH Institute of Health Professions

Feedback conversations are prone to common pitfalls due to our own behaviors and to the behaviors of feedback recipients. This AM Last Page presents ways to prevent potential unintended negative consequences during feedback conversations.

 <b>Emoti-Stunned</b> When you encounter an emotional reaction that is not expected and feel paralyzed.	 <b>Clear as Mud</b> When you give feedback that is jumbled, and the learner looks confused.	 <b>Data Dump</b> When you give too much feedback all at once.	 <b>The Sandwich</b> When your hard-hitting feedback is wrapped in positive generalities.	 <b>Again?!?</b> When you restate the same feedback after witnessing the same issue repeatedly.	 <b>Authoritarian Royal We</b> When you shame the learner intentionally or unintentionally by implying "we all know."
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	BEWARE of these negative consequences	REPAIR the situation	PREPARE for next time to avoid making the same mistakes
<ul style="list-style-type: none"> <li>Intense emotion may derail the feedback conversation.</li> <li>Without feedback, there are no opportunities for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement cannot occur without understanding.</li> <li>Jumbled feedback leads to selective attention and likely subsequent distortions.</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive overload<sup>1</sup> inhibits comprehension and action.</li> <li>A large list of areas for improvement may lower confidence.</li> </ul>	
<ul style="list-style-type: none"> <li>Hard-hitting feedback may not be heard.<sup>2</sup></li> <li>Perceived hollow praise may result in loss of trust.</li> </ul>	<ul style="list-style-type: none"> <li>Pause and ask if it is okay to continue.</li> <li>Talk about the emotions being experienced after confirming comfort with continuing.<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Ask the learner how you are being heard.</li> <li>State the intention to be clear and invite queries for more clarity.</li> </ul>	<ul style="list-style-type: none"> <li>Directly discuss areas for improvement.</li> <li>When discussing positive observations, provide concrete examples.</li> <li>Ask what the learner would do again and what the learner would change next time.</li> </ul>
<ul style="list-style-type: none"> <li>Receptivity may decrease with repetition of the same feedback.</li> <li>Repetition may signal a mismatch between learning needs and teaching methods.</li> </ul>	<ul style="list-style-type: none"> <li>Get curious; state what you observed, your concerns, and ask an open-ended question to gain insight.<sup>1</sup></li> <li>Describe the dynamic (i.e., identify the pattern).</li> </ul>	<ul style="list-style-type: none"> <li>Elicit the learner's self-assessment before giving feedback.</li> <li>Start with the learner's goals unless your list has an urgent safety concern.</li> </ul>	<ul style="list-style-type: none"> <li>Reflect on patterns and consider underlying reasons<sup>4</sup> or reasons for the patterns.</li> <li>Script what you observe and practice open-ended questions—along with your potential responses.<sup>1</sup></li> </ul>
<ul style="list-style-type: none"> <li>Implied lack of respect may inhibit effective learning relationships.</li> <li>Openness may be inhibited.</li> </ul>	<ul style="list-style-type: none"> <li>Explain the basis for your statement.</li> <li>Acknowledge that best practices evolve and demonstrate your self-awareness about assumptions.</li> <li>Validate the mutual goal of patient-centered care.</li> </ul>	<ul style="list-style-type: none"> <li>Make an agenda.</li> <li>End by discussing what both you and the learner are taking away from the conversation.</li> </ul>	<ul style="list-style-type: none"> <li>Recall that change requires feedback and that feedback can be uncomfortable.<sup>1</sup></li> <li>Organize feedback into two columns, specifying what the learner has done well and what needs improvement.</li> <li>Address all feedback in one column before moving to the next column.</li> </ul>
<ul style="list-style-type: none"> <li>Use "I," not "we."</li> <li>Consider other possible good reasons.<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>Explore your own reactions, including implicit bias.</li> </ul>	<ul style="list-style-type: none"> <li>Think about whether the conversation triggers identity, personal, or professional issues.</li> <li>Schedule feedback based on the learner's readiness and availability.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Address all feedback in one column before moving to the next column.</li> </ul>

**Acknowledgments:** Maria Rudolph and Rachel Lewin and colleagues at the Center for Medical Simulation.

**References:**

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# Process Changes

- Within the “slice” of the pie chosen by the champion
- Based on feedback audit data & conversations with the residents
- Many departments implementing in July



# Process Changes – Changing Forms

**22** ICS2) Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

Level 1	Level 2	Level 3	Level 4	Level 5
Does not read others' emotional responses and has difficulty managing strong emotions in oneself or others	Begins to read emotional responses in oneself and others, but cannot yet effectively manage them	Reads and reacts to emotions with professional behavior in nearly all situations and uses them to establish therapeutic alliances with others	Understands and manages emotions in most situations and effectively uses them to establish therapeutic alliances with others	Understands and manages emotions in all situations to foster therapeutic alliances and improve the health and well-being of others
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Not applicable

**23** ICS3) Act in a consultative role to other physicians and health professionals

Level 1	Level 2	Level 3	Level 4	Level 5
Presents the patients' history & physical exam and scribes recommendations in the medical record; has difficulty focusing data gathering and presentation to the details relevant to the question asked	Filters and prioritizes information to reach a focused diagnosis, specific recommendations and documentation; follows up on recommendations	Uses advanced knowledge and skills to develop focused, comprehensive recommendations that reflect best practice; develops relationships with referring providers	Identified as an expert who demonstrates advanced knowledge and vast experience with focused comprehensive recommendations that include the strength of the evidence on which they are based; consistently develops collaborative relationships with referring providers	Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes clinical, educational, and/or research contributions to the field
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Not applicable



# Process Changes – Changing Forms

4. During your shift together, what did the fellow do well? \*

Enter your answer

Based on observations during your shift together, what can the fellow do to improve their  
5. performance? Please use at least one of the following phrases in your response: Because..., \*  
Next time..., Try..., Recommend..., Consider..., I suggest...

Enter your answer

6. This feedback was discussed with the fellow post shift: \*

Yes

No

**Submit**

# Process Changes – Changing Forms

- Pros:
  - If done frequently, this is the low-stakes, formative feedback the trainees are looking for.
  - Trainees find this feedback more useful than numbers
  - Faculty often find this *easier* since they aren't providing overall ratings, but rather specific feedback on performance today/this week/etc.
- Barriers:
  - Harder to directly translate to milestones/EPAs
  - Relies on faculty filling out the forms more frequently



Feedback  $\neq$  Evaluation

Frequent, low-stakes,  
formative feedback

Culture Change

# Process Changes – Real-Time Feedback

- Structure/Expectation for verbal feedback
- Written feedback:
  - Department specific programs: KSB, myTIPreport
  - Individually created forms: Microsoft forms/Google forms
  - If using a non-New Innovations program, working on details to get feedback into New Innovations
- **Available to all: New Innovations mobile app**
  - Easy to use
  - Log-in q30 days (on mobile app)
  - Can create on-demand forms – initiated by trainee or faculty
  - Feedback is immediately available to the trainee
  - Jenny Lee can help! [jennifer.lee@northwestern.edu](mailto:jennifer.lee@northwestern.edu)



Frequent, low-stakes,  
formative feedback

**ni** NEW  
INNOVATIONS

# Process Changes – Increasing Quantity

- Tracking, providing feedback #s to faculty and/or departmental leadership
- Incentives vs consequences
- Simple encouragement tends not to work well in the long term. We are all busy and fall into old habits.



# FAME Feedback Consultant Project

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- Identify a “slice” of the pie – a rotation or aspect of trainee feedback to focus on
- Feedback data audit
- Resident Meetings
- Faculty Development
- Process Changes
- Audit of new data?
- Expand work to other departments/divisions/rotations?

# Three Key Points

- Feedback culture has changed
- Feedback  $\neq$  Evaluation
- Trainees *want* frequent, low-stakes, formative feedback



# Thank You!

- Marianne Green
- Josh Goldstein & the GME team
- Mary McBride
- Maja Sunleaf
- Brigid Dolan
- Ibrahim Hakim
- Departmental Champions

Questions?

