

Resident as Teacher: Giving and Receiving Feedback

University of Arizona, College of Medicine – Phoenix

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Medical Student Performance Assessment

- Performance based on formative and summative observation
- Faculty assessment of student carries immense weight
 - Narrative comments
 - Grading for competitive match process
- Comprise the medical student's MSPE (Dean's Letter)

National and Local Data Regarding Feedback

(Source: AAMC Graduation Questionnaire, UA COM-P: 2010-2013)

- A minimum:
 - 42% of medical students reported receiving sufficient feedback during core clerkships
 - 58% of medical students reported that their performance was assessed against the learning objectives
- Conclusion:
 - Many medical students feel they are not given feedback in their core clerkships or assessed against stated learning objectives.

Decision Making in the Feedback Process

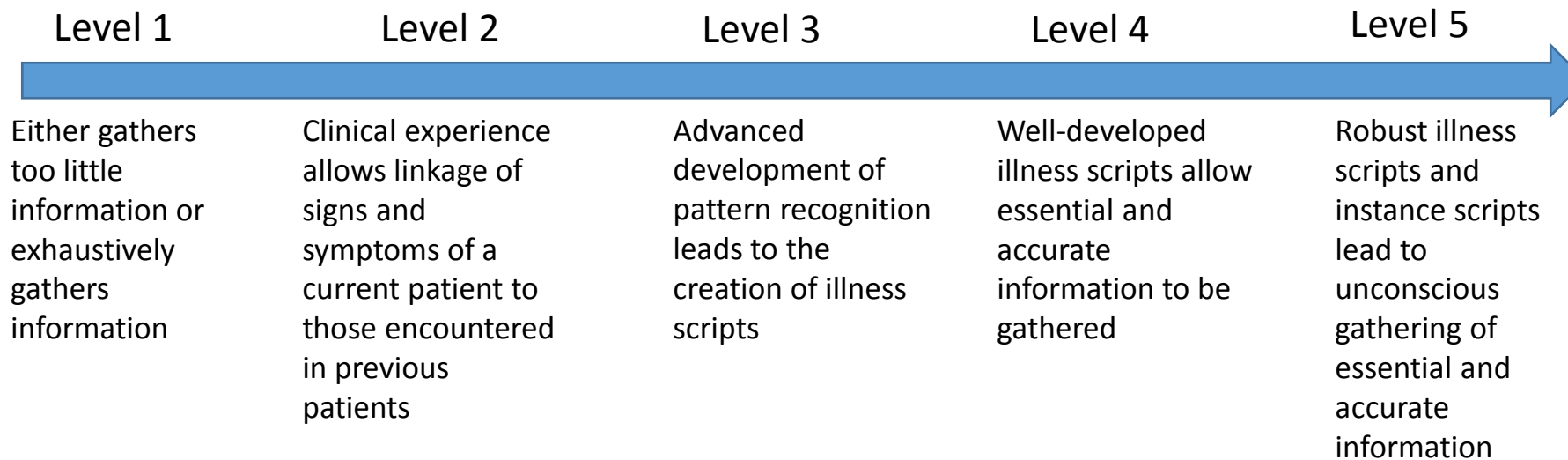
- Separate observation from judgment
- Compare observed performance to stated expectations, not other observers
- Follow the stated expectations over your gut feeling
- Evaluate based on evidence
 - No evidence = no inference
- Review milestones/expectations
 - What am I looking for?

Competency Assessment

Competency: Patient Care

Sub-competency: History Gathering - Gather essential and accurate information about the patient

Developmental Milestone and Expectation Levels



Giving Feedback

- Using the W3 Model

- W1: What worked well?

“You communicate clearly and in a manner that patients can understand, well done.”

- W2: What did not work well?

“However, I noticed that the information recorded for history-taking is too exhaustive.”

- W3: What could be done differently next time?

“Be sure to document what is relevant and pertinent to developing a treatment plan, and omit details that are not patient-related.”



Giving Feedback: Faculty Examples

- Comments to students at mid-rotation:
 - “Student has an appropriate level of knowledge for a 3rd year student. Patient Care: Efficient with obtaining a history. Compassionate and a good listener. IP/communications skills: Compassionate and a good listener. Communicates clearly. Eager to help and participates in all aspects of this FM rotation. Professionalism: Professional dress and demeanor. Asks appropriate questions. Clarifies goals. Practice-based learning improvement: Great ability to look up questions and self driven. Responds well to feedback.”(Family Medicine, 2013)
 - “Student reads up on patients and proactively makes mini presentations on patient specific topics for the team. He asks insightful questions. He knows his patient's H & P thoroughly and also has great rapport with them and their families. No areas to work on at the moment.” (Pediatrics, 2013)
 - “Student is progressing and communicating well with patients. However, continue to build differential diagnosis via patient learning. Try to refine physical examination in order to help guide diagnosis and management rather than an exercise in itself.”(Neurology, 2013)
 - “Student is enthusiastic, eager, hard worker, is obviously reading and engaged in the patients and their care. His presenting skills improving, continue to practice with colleagues.” (Surgery, 2013)

Written Feedback: Comments

- Comments are helpful to students to specify:
 - What specifically, are they doing well
 - What do they need to do improve in a given area
- Students remember these comments and take to heart
 - “Dr X always went out of his way to offer specific feedback on patient encounters. It helps me to learn to do things the right way.” – MS3
 - “I was in a wonderful teaching environment with a fantastic preceptor. I was given a ton of autonomy -- seeing patients on my own first, then staffing with my preceptor and devising a plan, then going back in together, as well as doing many office procedures. Also, the hours are of course amazing and the individual preceptors really strive to promote student engagement and learning.” – MS2
 - “I would have liked more feedback on how I could improve my clinical skills and patient/faculty interactions. As a new 3rd year medical student, I am still learning how to master skills such as assessment and plan, differential diagnosis, and oral presentations. I was very eager to learn which areas I am doing well in and areas that need improvement. I would have liked more specific feedback throughout the rotation so I could work on and improve those skills.” MS3
 - “There was a lack of passion and dedication to mentoring student. It’s hard to know what to focus on when expectations aren’t clear and I don’t know what to do to become a better physician.” – MS3
- *Comments are required

Giving Feedback Effectively

- Establishing an appropriate interpersonal climate
- Using an appropriate location
- Establishing mutually agreed upon goals
- Eliciting the learner's thoughts and feelings
- Reflecting on observed behaviors
 - Relating feedback to specific behaviors
- Being nonjudgmental
- Offering suggestions for improvement

Timeliness of Feedback

- End of Rotation evaluations
 - Summative for rotation
- Formative in overall review of observed behavior
- Reviewed at mid and end of each rotation
 - Timely feedback
 - Developmental, progressive
 - Acknowledgement of strengths as well as helpful, specific suggestions on how to improve
 - Discussion-based, two-way communication



Scenario #1

You are the attending at an inpatient clinic. You have two residents and two medical students you work with. Everyone is developmentally progressing in meeting expectations except Charlie, one of your medical students.

Charlie tries but is not meeting expectations with regard to his medical knowledge base. He also struggles with answering questions posed to him on rounds and providing evidence-based support for his findings. You are concerned that Charlie is not going to meet expectations by the end of the rotation.

You are meeting with Charlie for his mid-point feedback session.

What is your feedback to Charlie?

Feedback for Charlie:

Scenario #2

Samantha, one of your medical students has just seen a 16-year-old patient suffering from acute lower-back pain. You observed Samantha conducting a history and physical for lower-back pain.

When Samantha took the patient's history, she did not ask about when the pain started or whether the patient had tried treatment to alleviate it. She only inspected and palpated the patient's back and failed to check distal strength, sensation and reflexes.

What is your feedback to Samantha?

Feedback for Samantha:

Positive Effects of Feedback



Receiving Feedback

- Receiving Feedback
 - Be open
 - Use it as a growth experience - what can I do better to help someone succeed?
 - Put yourself in the student's shoes – what are they trying to say?
- Student comments about faculty
 - “The residents on this rotation were great. They were often good teachers, kind, and welcoming. Dr. X is absolutely wonderful--encouraging, interested in your learning, and never disparaging. Dr. XS is similarly wonderful and made me excited to be going to into Specialty X...” – MS3
 - “...It was often difficult to get meaningful feedback from residents and faculty. I often tried to ask for any comments or suggestions and often times would receive a generic answer about my work. It was difficult for me to try to improve myself. Everyone also seemed so busy all of the time that it was hard for me to find a good time to ask for feedback. Sometimes it took a couple of days before we had time, but by then, my time on the service was almost over.”– MS3

Kudos and Suggestions for Improvement

- Assess the strengths and problematic areas with equal weight
 - Strengths:
 - ✓ Continue what works
 - ✓ Build on what you are doing effectively
 - ✓ Recognize a 'Pattern of Praise'
 - ✓ Give yourself kudos for what you do well!
 - Problematic areas:
 - Identify the area of concern
 - Isolation vs. Prevalence; a single instance compared to repetitive pattern
 - Locate resources to overcome the obstacle
 - Set performance goals
 - Take action for improvement

Additional Feedback

- Medical colleagues
 - Peers
 - Mentors
 - Supervisory
- Coworkers, staff
- Patients
 - Feedback from institutional surveys
 - Verbal confirmation of understanding
- Self-assessment
 - Self-reflection

Medical colleagues



Self-assessment



Patients



Coworkers



Progressive Development

- Each feedback instance provides professional growth opportunities
 - Communication
 - Delivery, presentation
 - Timing
 - Content coverage, specificity
 - Professional and educational awareness

Scenario #3

Dr. Roc has just received his student evaluations for his past four rotations. The majority of student comments highlight his skill, compassion for his work, and communicating specific feedback to them in his teaching efforts.

However, two of the twenty students he received feedback from indicated that they were often lost or unaware of what expectations were set for them.

What should Dr. Roc take away from these responses?

Considerations for Dr. Roc:

Scenario #4

Dr. Lincoln has just received her annual student evaluations for this past year. A few of the student comments indicated that they particularly appreciated Dr. Lincoln's attention to detailed feedback.

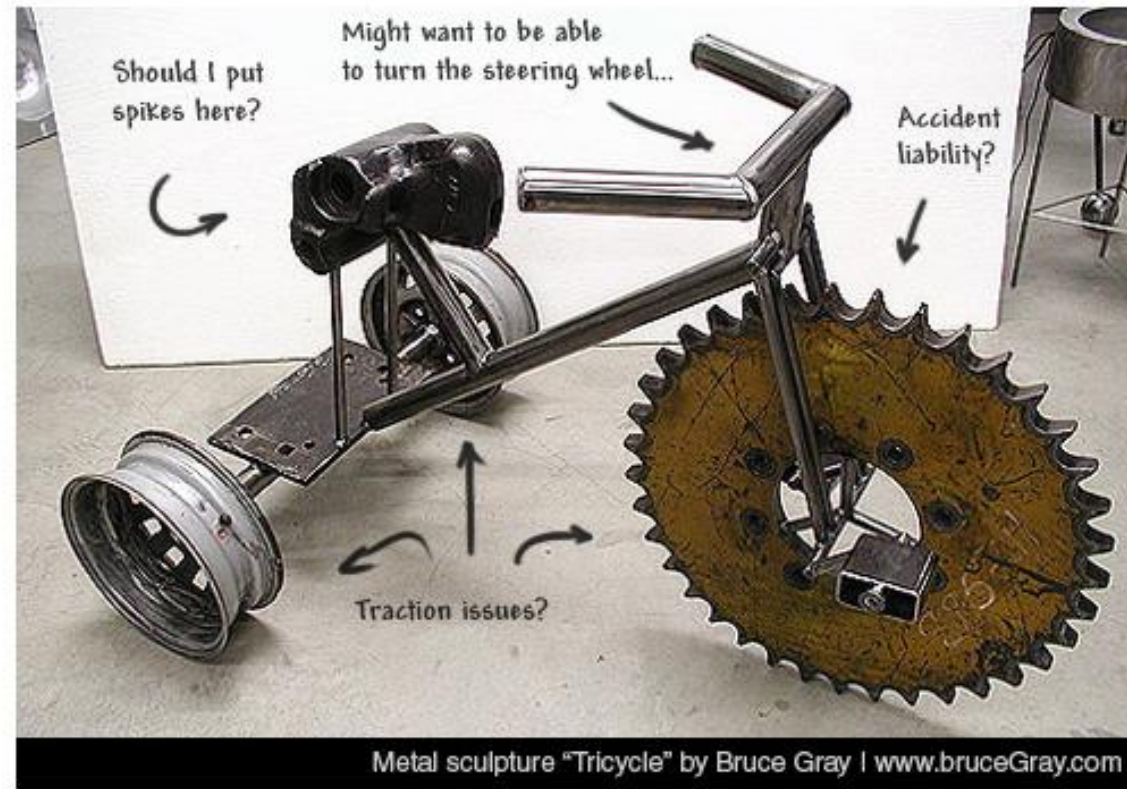
However, most of the other comments indicated that they thought her attention to detail was harshly delivered in a condescending manner and that she offered no suggestions for improvement, just indicating what they did wrong.

What should Dr. Lincoln take away from these responses?

Considerations for Dr. Lincoln:

Evolution is the Key to Innovation

Do not ignore critique. Act on it by using tools and revising your design.



Feedback: Essential for Evolution

- Giving feedback
 - Timely
 - Relating to specific behaviors
 - W3 model: What worked well, not so well, what could be done differently?
- Receiving feedback
 - Equally consider positives and room for improvement
 - Build on positives, set goals for areas of concern

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