

Feedback

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 Lake Erie College of Osteopathic Medicine
 LECOM - Bradenton
 Program ID: 8144

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If you cannot locate the category, please refer to the following.

Substandard: 60-69
Marginal to Adequate: 70-79
Competent to Proficient: 80-89
Outstanding: 90-100
Cannot Assess: Leave Blank

Any competency less than 70% may require remediation

Patient Care: Provides compassionate care that is effective for health promotion, wellness, disease treatment, and end of life care.
Assessed Skills: Performs patient interviews, uses judgment, is respectful of patient preference

Medical Knowledge: Demonstrates knowledge of current biomedical, clinical epidemiology and social sciences and applies that knowledge effectively to patient care.
Assessed Skills: Degree of knowledge base, committed to life-long learning, understands complex problems

Practice-Based Learning: Understands evidence-based medicine and applies sound principles of practice within the context of patient care.
Assessed Skills: Self-assesses, uses new technology, accepts feedback

Interpersonal and Communication Skills: Demonstrates skills (i.e., listening and responding) that result in effective information exchange between patients/families and the healthcare team.
Assessed Skills: Establishes relationships with patients/families, educates and counsels patients/families, maintains comprehensive, timely, legible medical records

Professionalism: Demonstrates commitment to professional development and ethical principles, and sensitivity to patient/ family and peer diversity.
Assessed Skills: Shows compassion, respect, and honesty, accepts responsibility for errors, considers needs of patients/colleagues

Systems-Based Practice: Demonstrates awareness and responsiveness of the overall healthcare system and the ability to improve and optimize the system.
Assessed Skills: Practices cost-effective healthcare, assists patients in dealing with system complexities, coordinates various resources

Osteopathic Principles and Practice: Demonstrates relationship of structure and function in diagnosis and treatment of the whole patient.
Assessed Skills: Correlates osteopathic philosophy into disease entities, utilizes osteopathic manual skills, understands the neuromusculoskeletal basis of homeostasis

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Travis Smith Help

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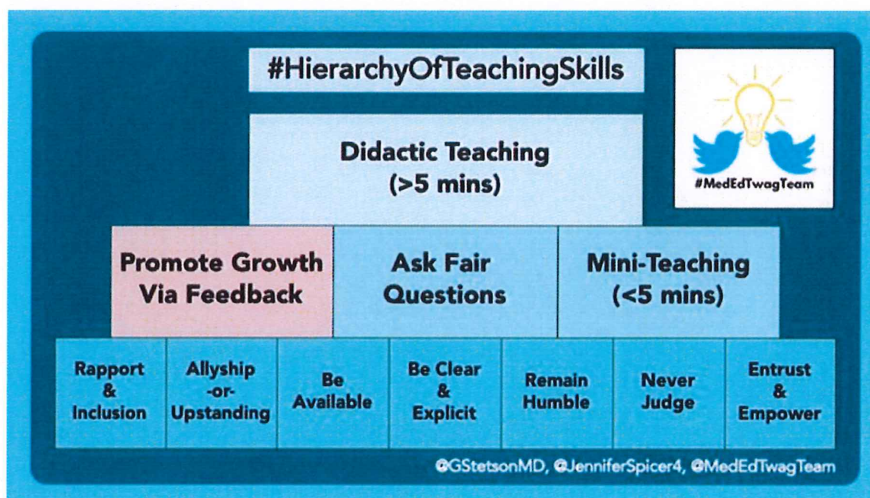
Summative Comments (Question 5 of 10 - Mandatory)
(Final Assessment of the student - Narrative may be quoted in its entirety in the Dean's Letter)

Formative Comments (Question 6 of 10 - Mandatory)
(Please provide direction for the growth and development of the student - NOT to be quoted in the Dean's Letter)

Total Number of Days Missed on Clerkship (Question 7 of 10 - Mandatory)

AOA # - if applicable (Question 8 of 10)

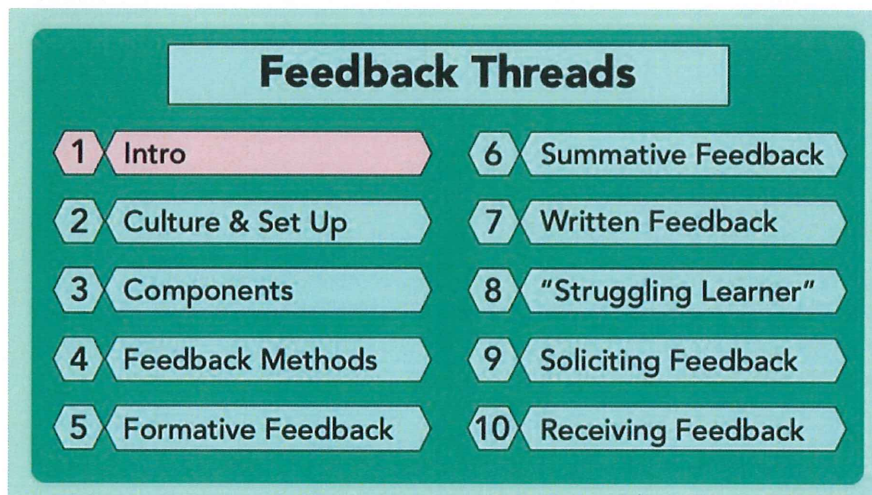
Hierarchy of Teaching Skills



Feedback Threads

Often, we separate feedback from teaching. But...

FEEDBACK = TEACHING!!!



What are YOUR biggest struggles with feedback?

What resources or tips do YOU use for feedback?

The Threat of Reputational Inertia

Medicine is an apprenticeship model defined by performance of real patient care with increasing levels of autonomy.

Feedback has the potential to improve the SKILLS of trainees (both "superstars" & "rising stars") far more than a lecture, chalk talk or small group session.

LEADERSHIP & PROFESSIONAL DEVELOPMENT

Leadership & Professional Development: Fighting Reputational Inertia

Kimberly D Manning, MD¹, Jennifer O Spicer, MD, MPH²

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THE THREAT OF REPUTATIONAL INERTIA

While specific plans for growth and improvement often get laid out for struggling colleagues and learners, far less effort is devoted to coaching high performers. Feedback that consists of nonspecific compliments may hinder potential, growth, and job satisfaction. We outline strategies for preventing this professional plateau in those you lead.

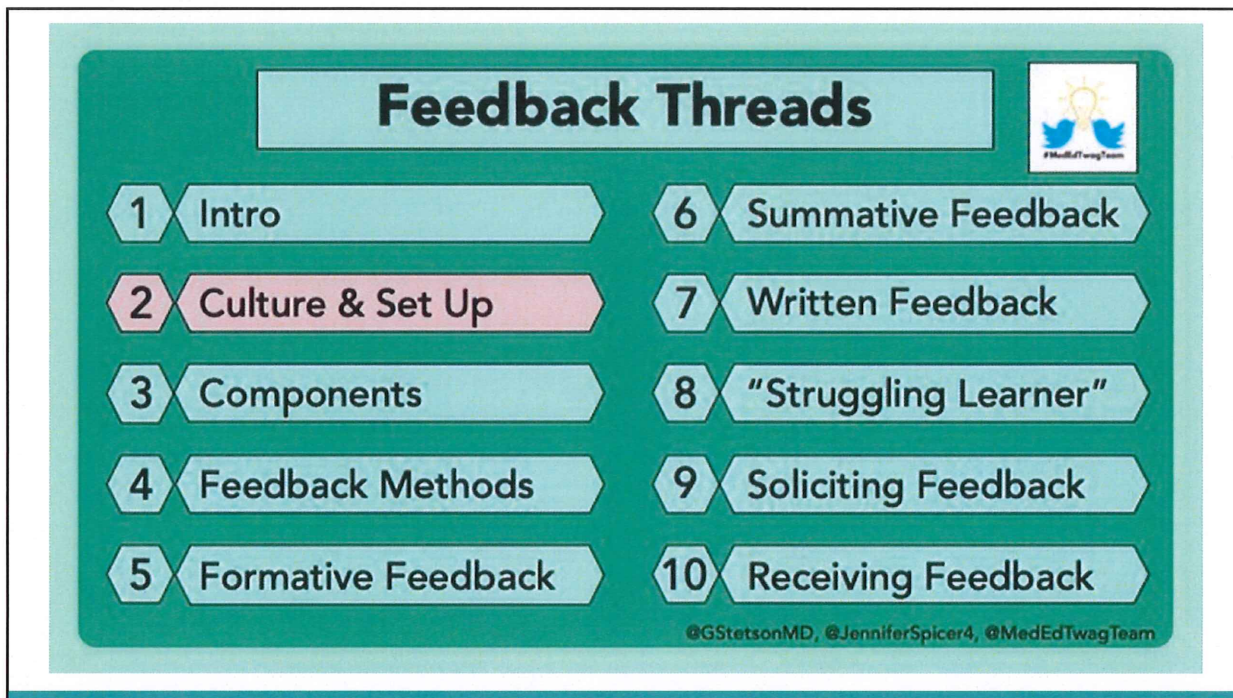
Feedback

But feedback is only as good as the methods, and we have many key points to cover.

Some learners don't realize that our dialogue that we have with them is feedback. So at the end they might say "I never got any feedback".

Some will be then stuck between 'make sure you tell them it's feedback- trainees don't always recognise it as such' and 'feedback is a dialogue'

Build it into your everyday and then it's no longer Feedback with a capital F'.



Feedback Culture

Feedback Culture through setting expectations

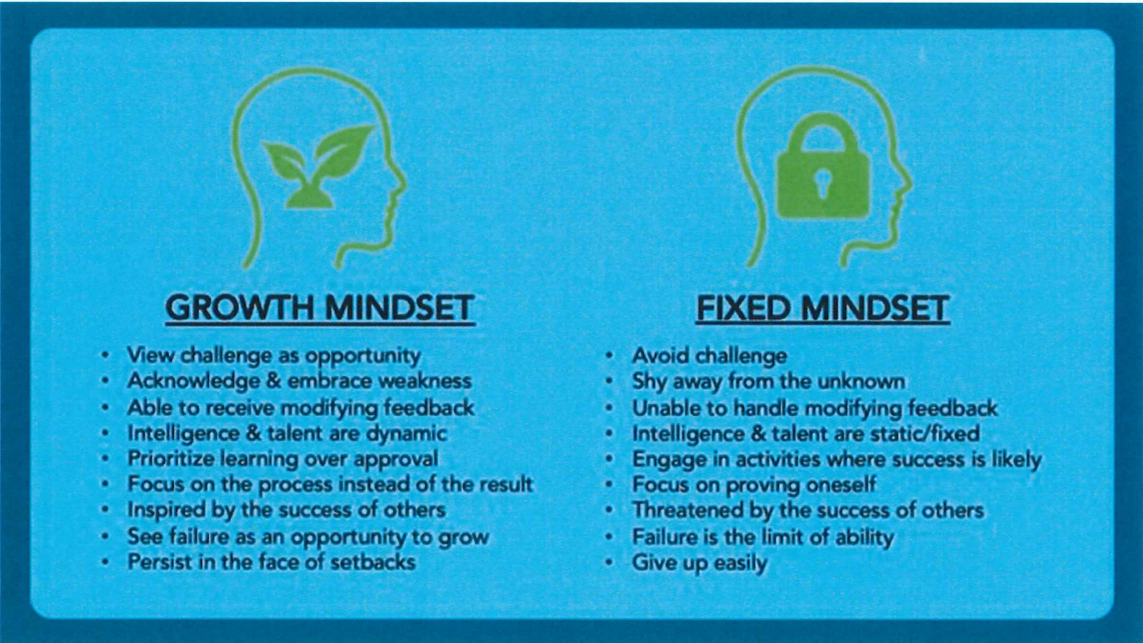
When should I show up? What if I answer a question wrong? Is my presentation too long? Where's the bathroom?

Sounds like a case of "New Rotation Jitters"

The Cure - Setting Expectations!

The first thing to do is instill a #GrowthMindset on your team.

The growth vs. fixed mindset dichotomy was popularized by Dr. Carol Dweck, PhD through her book - Mindset. It is a great read/listen. Below is a quick summary:



<u>GROWTH MINDSET</u>	<u>FIXED MINDSET</u>
<ul style="list-style-type: none"> • View challenge as opportunity • Acknowledge & embrace weakness • Able to receive modifying feedback • Intelligence & talent are dynamic • Prioritize learning over approval • Focus on the process instead of the result • Inspired by the success of others • See failure as an opportunity to grow • Persist in the face of setbacks 	<ul style="list-style-type: none"> • Avoid challenge • Shy away from the unknown • Unable to handle modifying feedback • Intelligence & talent are static/fixed • Engage in activities where success is likely • Focus on proving oneself • Threatened by the success of others • Failure is the limit of ability • Give up easily

A Growth Mindset

A #GrowthMindset is cultivated by the words we use and the examples we set through humility.

You can do this in 3 ways:

- Tie growth to evaluation
- Explain where I am growing
- Give example of practice changing feedback

This provides learners w/ motivation to receive & incorporate feedback.

Method	Exact Words	Main Principle
Explicitly Tie Growth to Evaluation	<i>I don't really care what you know or can do now. I want to see how much you can improve over the next 2 weeks through hard work and incorporating feedback.</i>	Focus on the Process Instead of the Result
Explain Where I Am Growing	<i>I am working on being the best ally and upstander I can be. I will be asking for feedback in this area, and please let me know if I miss an opportunity to upstand.</i>	Acknowledge and Embrace Weakness
Provide an Example of Feedback that Changed Practice	<i>Recently, I was told that I give residents too much autonomy when it comes to the timing and pace of rounds. I am going to increase my influence this go around, and we will see how it goes.</i>	Able to Receive Modifying Feedback

Superstar Coaching

Think about the coaches for Serena Williams or Roger Federer or Tiger Woods

"...the coach does not need to be a subject matter expert, only adept at drawing out an even better performance."

Feedback

Meet with each learner & make clear you are invested in them, & all feedback is in the spirit of continuous improvement.

Then, you need to co-create some goals. Doing this serves a few purposes:

- Demonstrates Commitment
- Encourages Metacognition
- Engenders Trust

- 1) Demonstrates commitment to their learning and growth, thus enhancing the relationship
- 2) Encourages the learner to engage in reflection and metacognition, an important skill for life-long learning
- 3) Once goals are set, and you as the supervisor help them towards meeting those goals, that engenders trust, further enhancing the educational alliance

Feedback Threads



- | | | | |
|---|--------------------|----|----------------------|
| 1 | Intro | 6 | Summative Feedback |
| 2 | Culture & Set Up | 7 | Written Feedback |
| 3 | Components | 8 | "Struggling Learner" |
| 4 | Feedback Methods | 9 | Soliciting Feedback |
| 5 | Formative Feedback | 10 | Receiving Feedback |

@GStetsonMD, @JenniferSpicer4, @MedEdTwagTeam

Components of effective feedback:

1. Creating an appropriate setting
2. Considering the best timing
3. Providing specific examples
4. Mixture of reinforcing & modifying feedback
5. Ensuring there is adequate learner engagement
6. Balancing the frequency of feedback

Setting

The setting refers to both the psychological & the physical setting.

By “psychological setting”, I mean creating a good learning climate with clear expectations that emphasizes Growth Mindset

it's important to find a good physical environment.

Find a place that is comfortable & quiet.
This is tough in a hospital.

Places to use:

- Office
- End of the hallway
- Empty team room, patient room, waiting room
- Cafeteria
- Outside (benches, gardens)

Timing

Questions to consider:

- Is the learner too busy to focus on feedback? (e.g., a call day)
- Is the learner too exhausted to be able to meaningfully participate in feedback? (e.g., at the end of an overnight shift)
- Is the learner overwhelmed with emotion? (e.g., an adverse event or patient death)

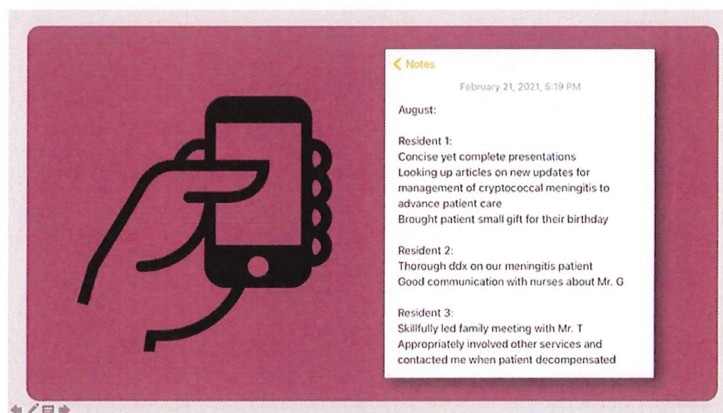
Examples

When giving feedback, we should be SPECIFIC by providing examples.

This can be difficult as over a month's time, it's easy to forget things.

How to remedy this? One example is to create a "note" on your phone and type in specific behaviors that you notice every day.

By the end of the month, you have a wealth of examples!



Descriptions

Specificity makes it easier to give behavioral feedback, which promotes a Growth Mindset

Avoid describing personal characteristics or inferences during feedback sessions, which promote a Fixed Mindset

Rather, describe BEHAVIORS or ACTIONS that you noticed

Personal Characteristics	Behaviors
"You seem uninterested during rounds."	"I noticed that you glancing at your phone frequently during rounds. I worry that people may interpret that as you being uninterested in rounds."
"You have good interpersonal skills."	"The way that you explained Mr. S's medical condition to his family during the family meeting was very effective in helping them understand his condition. Specifically, how you..."

Praise to Criticism Ratio



Feedback is most effective when you provide a mixture of "positive" & "negative" feedback.

However, consider using the terms below:

- Reinforcing: "keep doing that" (i.e. positive)
- Modifying: "avoid that, do this instead" (i.e. negative)
- So what's the right mix of reinforcing & modifying feedback?

You should give more reinforcing than modifying feedback.

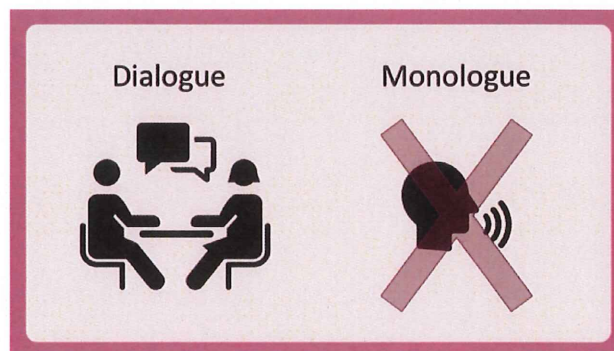
Data show that a 4:1 ratio is ideal.

- The ideal Praise to Criticism ratio, <https://hbr.org/2013/03/the-ideal-praise-to-criticism>

Giving Feedback

When giving feedback, we need to remember that it's a dialogue, not a monologue.

Learner engagement is key.
Get their reaction and involve them in an action plan.



How often should we Give Feedback?

Honestly, we all give feedback on a daily basis by asking our learners questions.

But our learners don't always recognize it as feedback, as illustrated in this study
<https://pubmed.ncbi.nlm.nih.gov/28272114/>

Providing short, informal snippets of feedback on a daily basis is good, esp if it's reinforcing.

For modifying feedback, make sure that you don't overload your learners with too many things to work.

Instead, pick 1 point/day, max.

Save others & see if they happens again.

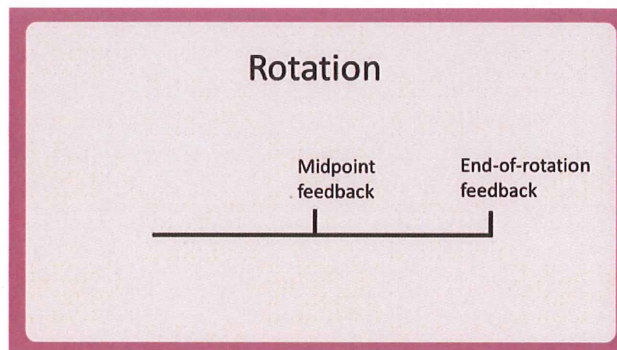
"The challenge of feedback recognition, a fundamental prerequisite to receiving and being able to respond to feedback, was illustrated in the comments of some participants, particularly those more junior.Students indicated that signposting has potential to better prepare learners to recognize and listen for feedback."

Bowen L et al. Academic Medicine. 2017;92:1303-1312.

Summative Feedback

And, we should ideally have a longer “summative” feedback conversation at least twice during a rotation.

- Once halfway through (to provide opportunity to implement action plan)
- Once at the end



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EPAs

Expected Behaviors for Pre-Entrustable and Entrustable Learners

- Under the ACGME accreditation system, all residents are evaluated using a competency-based assessment model. **Entrustable Professional Activities (EPAs)** are broad categories of activities that define the essential professional work of a discipline.
- With regard to residency training, EPAs define the expectations for the education of a physician.
- EPAs integrate all the core competencies, sub-competencies, and their specific milestones.
- The sub-competencies and the Milestones, which further divide the general clinical competencies into meaningful components, provide key observable behaviors.

EPAs

- Entrustable Professional Attributes (EPAs) encompass the integration of multiple competencies.
- Competencies are observable characteristics or qualities of graduating students that integrate knowledge, skills, attitudes, and behaviors.
- The progression of a student toward competence can be measured using milestones.
- These milestones describe the progression of a learner toward an expected level of proficiency in their development of competency.

EPAs

- Entrusting a critical activity should lead to the student being granted responsibility based on competency and trustworthiness.
- Entrustment could range from pre-entrustment (ability to observe only or act in a supervised manner) to full entrustment (once sound feedback has confirmed a critical number of times that all went well).
- Thus, entrustable professional activities (EPAs) are units of work, tasks, or responsibilities that graduating students can be entrusted to carry out.

EPA	Domains of Competence
1. Gather a history and perform a physical exam	PC; KP; ICS; P
2. Prioritize a differential diagnosis	PC; KP; PBLI; ICS; PPD
3. Recommend and interpret common diagnostic and screening tests	PC; KP; PBLI; SBP
4. Enter and discuss orders and prescriptions	PC; PBLI; ICS; SBP
5. Document a clinical encounter in the patient record	PC; ICS; P; SBP
6. Provide an oral presentation of a clinical encounter	PC; PBLI; ICS; P; PPD
7. Form clinical questions and retrieve evidence to advance patient care	KP; PBLI
8. Give or receive a patient handover to transition care responsibility	PC; PBLI; ICS; P
9. Collaborate as a member of an interprofessional team	ICS; P; SBP; IPC
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management	PC; ICS
11. Obtain informed consent for tests and/or procedures	PC; ICS; P; SBP; PPD
12. Perform general procedures of a physician	PC; ICS; P; SBP; PPD
13. Identify system failures and contribute to a culture of safety and improvement	KP; PBLI; ICS; P; SBP

Information for this table comes from the AAMC report on Core EPAs for entering residency [11]

EPA Entrustable Professional Activities, *PC* Patient Care, *KP* Knowledge for Practice, *PBLI* Practice-Based Learning and Improvement, *ICS* Interpersonal and Communication Skills, *P* Professionalism, *SBP* Systems-Based Practice, *IPC* Interprofessional Collaboration, *PPD* Personal and Professional Development