

A collaborative effort between 18 organizations across the US and Canada

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National Society of Genetic Counselors

Observation and Feedback in the Clinical Setting

Core Skills for Effective Teaching

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DISCLOSURE

- I have no financial relationships or conflicts of interest to disclose.

OBJECTIVES

- ✦ Identify opportunities to provide feedback
- ✦ Describe the key elements of effective feedback
- ✦ Consider the behaviors required for effective feedback – the affective issues of both its delivery and reception
- ✦ Examine a practical model for delivering feedback effectively
- ✦ Encourage PRACTICE

DEFINITION OF FEEDBACK (In medical education)

“Feedback refers to information describing a learner’s performance in a given activity that is intended to guide his/her future successful performance in that same or in a related activity.”

Jack Ende, JAMA 1983

...the information is intended to reinforce or change behaviors, concepts, or attitudes in order to guide future successful performance...

OPPORTUNITIES:

Feedback may be provided in...

- ✦ In a conversation between the learner and the observer
- ✦ In a conversation between the learner and a faculty member who is describing the observation of the learner’s performance made by others (2nd hand feedback – Beware!)
- ✦ In writing
- ✦ On a schedule, or *ad hoc*

COMPARE FEEDBACK WITH EVALUATION TWO CRITICAL ROLES

- Feedback (Coaching)
 - ✦ Formative information
 - ✦ Provided during the rotation
 - ✦ Describing specific performance
 - ✦ With the intent to guide future performance
- Evaluation (Judging)
 - ✦ Summative information
 - ✦ Provided at the end of a rotation
 - ✦ Evaluating degree to which the learner met set standards
 - ✦ With the intent to provide outcomes of the rotation

HAVE YOU HAD ENOUGH FEEDBACK?

What are the potential barriers to providing “enough” effective feedback?

POTENTIAL BARRIERS TO FEEDBACK

1. Time
2. Collusion of teachers and learners:
 - * Learners fear negative comments
 - * Teachers fear hurting learners' feelings
 - * Learners want praise
 - * Teachers want to be popular
 - * Both want to be treated fairly – is this a safe, trustworthy relationship?
3. Absent or insufficient primary data
4. Teacher's lack of confidence in his/her skills

IMPORTANCE OF FEEDBACK

VITAL & TRANSFORMATIVE (if effective)

- * Influences a professional's outcomes in terms of acquired knowledge, skills, performance and attitudes
- * Failure to provide feedback is not neutral (think “vitamin deficiency”)
- * Enhances relationships
- * Increases teacher and learner satisfaction


“In clinical medicine, the importance of feedback extends beyond pedagogy. The goal of clinical training is expertise in the care of patients. Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all.”

Jack Ende, JAMA 1983

CULTURAL BIAS

- * Culture of Medicine doesn't support us – and needs to change
- * Normative to hear about mistakes
- * Normative to hear global praise: “good job”
- * We need to create a climate of trust and safety
- * Learners need to hear the “specifics” about their actions/decisions that yielded praise-worthy work and about their actions/decisions that produced “sub-par” work

REFLECTION



Encourage Learner
self-reflection

Encourage you to provide
ad hoc feedback, and
Encourage your learners
to ask for feedback

GOOD FEEDBACK REQUIRES

Good Observations



of our learners in action



GOOD OBSERVATIONS REQUIRE



CONTENT OF FEEDBACK

- * Important
- * Timely
- * Specific – based on observations
- * Pertaining to decisions & actions – not personality
- * Best if based on stated objectives
- * Digestible amount of information (3 items – max)
- * Nonjudgmental & descriptive language
- * Remember the “system”

LANGUAGE . . . MATTERS

- * Language can create reality
- * Calibrate language accurately
- * “More effective/Less effective” rather than “good/bad”
- * Connector words – “but” has no place in a sentence of positive feedback

FEEDBACK: A PRACTICAL MODEL

- 1) Prepare**
 - Observe; Reflect; Identify the Important Content
 - Arrange timely meeting, in appropriate setting
 - Is rapport established?
 - Is feedback expected?
- 2) Provide non-evaluative information**
 - Ask for recipient's self-assessment
 - Reinforce desirable behaviors
 - Focus on specific observed behaviors
 - Be aware of own subjective feelings
 - Limit to 3 observations, or fewer
- 3) Respond to feelings**
- 4) Plan adjustments and performance goals**
 - Problem Solve
 - Tutor or self-study needed?
- 5) Closure**
 - Ensure comprehension/agreement
 - Summarize
 - Plan follow-up

VIDEO CLIP

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AACH – D. Duffy, R. Frankel, P. Williamson

REQUIREMENTS

- ✦ Core Values
- ✦ Time
- ✦ Skill as an observer and communicator
- ✦ Confidence in your skills
- ✦ Practice – from which the confidence grows
- ✦ Appreciation helps – from your students, your department, your teaching institution

THANK YOU

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- Duffy, D., Frankel, R. M., & Williamson, P. (1995). Academy of Communication in Healthcare: Feedback Model "card". (Note: *The Feedback Model "card"* was published within an American Academy of Communication in Healthcare curriculum. The AACH now goes by the Academy of Communication in Healthcare <https://www.achonline.org/>.)
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- van der Vleuten, C. P. M. & Driessen, E. W. (2014). What would happen to education if we take education evidence seriously? *Perspective on Medical Education*, 3(3), 222 – 232. doi:10.1007/s40037-014-0129-9

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