

# Kick your feedback up a notch!

Susan Lieff MD MEd MMan  
June 3, 2010



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

Centre for Faculty Development

**What are you  
hoping to learn  
today?**



## Learning Objectives

- Discussed a conceptual framework for understanding feedback & its role in teaching & learning
- Practiced a practical approach to giving feedback in simulated scenarios
- Considered the relevance for this approach to your practice as teachers

## What is feedback?

- A concept derived from engineering: the household thermostat



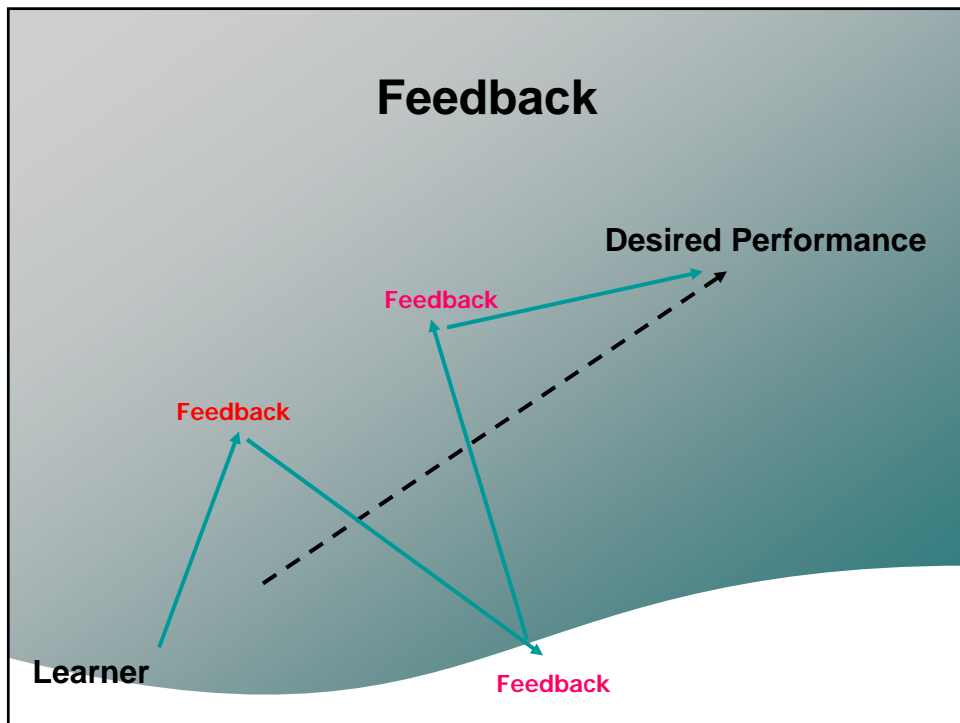
# Feedback

Definition:

“The process by which the teacher provides learners with information about their performance for the purpose of improving their performance” Skeff K, Stratos G 1993

“Sharing of information on actual performance to help guide and improve future performance towards a desired goal” Hodges 1996

# Feedback



## Feedback in Health Professions:

- Amount and quality of feedback provided to learners is suboptimal
  - better feedback  $\neq$  more feedback
- Uncertainty regarding progress
  - Drop positive behaviors
  - Reliance on formal tests
- Hanging on to clues  $\rightarrow$  inaccurate assumptions

Westberg J and Jason H, 1991

## Why is feedback important?

- It is essential for learning
- Allows learners to recognize areas of strength & deficiency
- Gives learners a clearer idea of the areas they need to improve (first step in self-directed learning)
- Allows for remediation of problems
- It is highly desired

## **So why don't we do it more? Barriers**

- Infrequent observation of student performance
- Few prior models of constructive feedback to emulate
- Faculty belief that students know if they are doing a good job
- Fear among faculty & learners that feedback might damage the relationship
- Might affect your ratings as a teacher

## **Your experiences with feedback**

- Think about an experience that you have had with feedback
- What made it effective or ineffective?
- Discuss it with the person beside you
- Then we will share some of these experiences

## **Beware of nonfeedback; On the road without a roadmap**

“You are doing really well, you are right where you should be at your level”

“You are really one of the best students we have had on the service”

“You need to improve your knowledge base”

“You have learned a lot while you’ve been here”

## **Quality Feedback; The Necessary Elements**

- Teacher & learner must share the same conception of the goal
- A sample of current behaviour
- A clear model of the desired behaviour
- A demonstration of the difference / gap

## Attributes of Quality Feedback SMART

- **Specific** - Concrete, descriptive, right amount
- **Measurable**
  - Based on what is **OBSERVED** (behaviours, actions, decisions)
  - **NOT** the person (intentions, interpretations, personality traits)
- **Achievable** – limited to remediable behaviours (the learner has an alternative course of action)
- **Relevant**
- **Timely**

## Features of Feedback that Impact Clinical Performance:

- Credible source
- Over a period of time

Veloski 2006- BEME Review

## How to give Quality Feedback

- Negotiate well-defined goals up front
- Establish timing & setting for feedback – it should be expected
- Create a respectful, friendly, open minded non-threatening climate
- Elicit thoughts & feelings before giving feedback

## How to give Quality Feedback

- Be nonjudgmental
- Face to face
- On the fly vs. privacy
- Frequent
- Ongoing

*“Culture of feedback”*

## Feedback Models



## Models for Providing Feedback

Examples:

- PNP Sandwich (positive-negative-positive)
- Six stages of effective feedback (Brown, Hodges, Wakefield, 1995)

Others:

- Feedback model (Hewson & Little, 1998)
- Chicago model (Brukner et al, 1999)
- Pendleton's Rules (Pendleton et al, 1984)
- Relative Ranking Model (Regehr et al, 1996)

## Feedback Sandwich



One corrective comment sandwiched in between 2 reinforcing statements

- Reinforcing – to motivate, instill confidence & encourage good practice
- Corrective – to recognize consequences of actions, encourage a change in behaviour

## Feedback Sandwich



What are the pluses & minuses?

## Feedback Sandwich



- Plus - Reduces anxiety re corrective statement
- Minus - Learner may not hear the most important piece & may discount positive feedback as an inauthentic lead to the critical message

## Seven step model of feedback (adapted 6 step)

1. Observe student behaviour or work
2. Ask learner for a self-assessment (Double U)
3. Compare learner's assessment with own:  
Describe / model desired behavior
4. Ascertain whether the student understands the gap between current & desired behaviour → student paraphrases feedback
5. *Elicit thoughts & feelings*
6. Elaborate a plan to close the gap (educational prescription)
7. Follow up on improvement

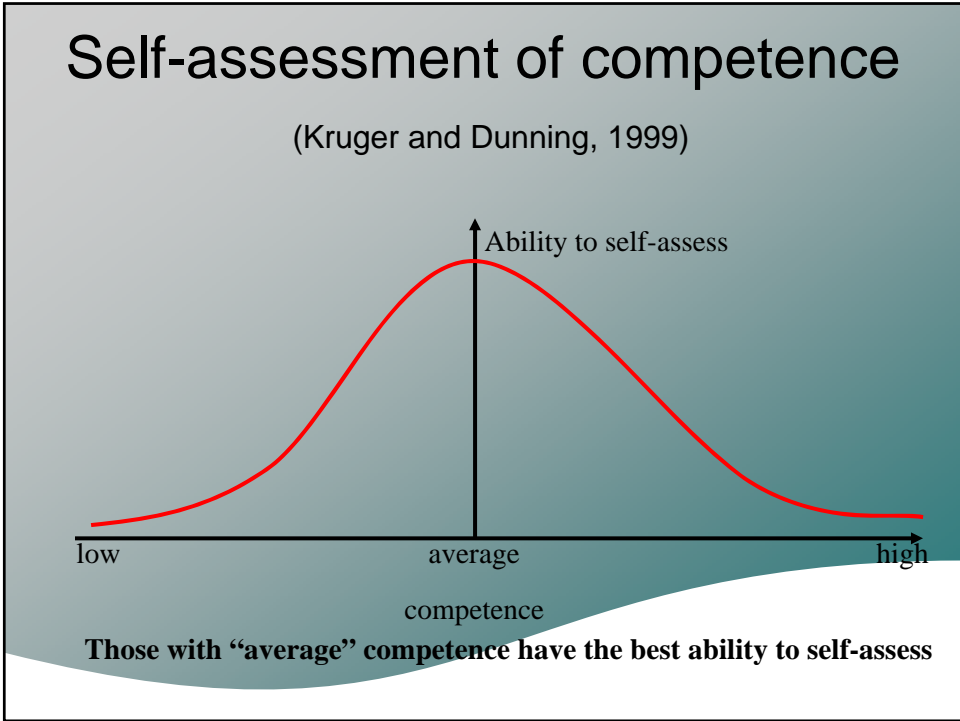
adapted from Brown M, Hodges B 1995

## **Seven step model of feedback**

What are the pluses & minuses?

## **Seven step model – Pluses Teaches self-assessment skills**

- A key competence for self-regulating health professionals → to be self-directed learners
- It can to some degree, be learned (professionals are not inherently good at it)
- Encourages sharing of information and partnership



- ## Seven step model – Pluses Ensures follow-up
- Through creation of a learning plan (educational prescription)
  - Collaborative expectation to monitor whether learning needs have been met

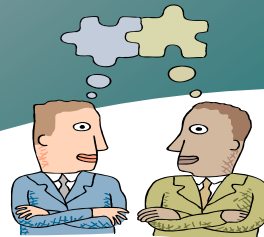
### **“3. Describe desired behavior”**

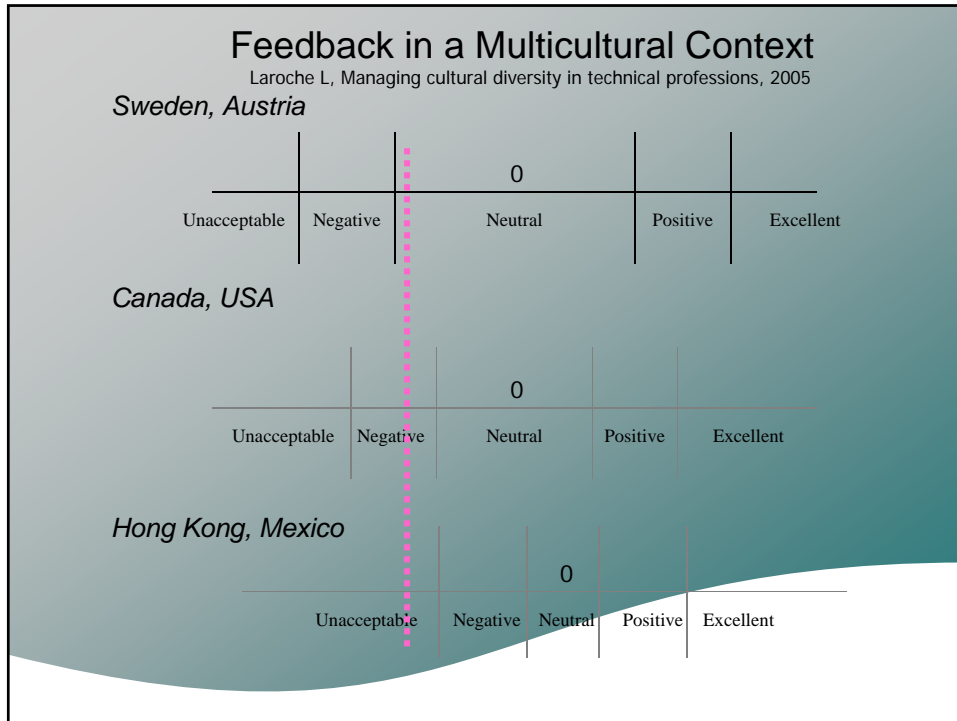
- Begin with positive observations
- Label subjective observations  
*“I thought that...” “From my perspective...”*
- Avoid sweeping judgments  
*“incompetent” “inadequate” “wonderful”*
- Concrete, descriptive examples
  - Link to actual observations, facts
  - Link to objectives and expected level of performance
- Don't overload



### **5. Elicit thoughts and feelings.**

- Check for understanding and invite learner's reaction to your feedback





## Time to practice the 7 step

- Break up into groups of three
- Role play for 3 minutes
- Roles – Teacher (T), Learner (L) , Observer (O)

## Debrief

Debrief in the following order:

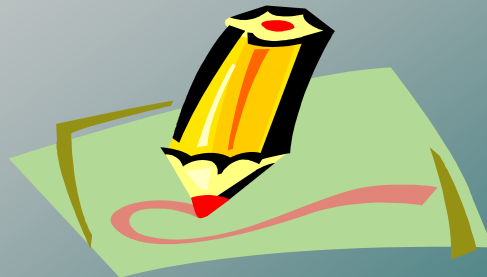
1. Teacher
2. Learner
3. Observer

Respond to the following questions in order

1. What do you think went well ?
2. What do you think could be improved on?
3. How might things be done differently next time?

**What feedback behaviours are you going to try when you get home?**

Write it down....



## What about feedback for you? Model the way

- Solicit it from your learners
- Be explicit about what you want & why you want it
- Prime the pump with a self-assessment



## Learning Objectives

- Discussed a conceptual framework for understanding feedback & its role in teaching & learning
- Practiced a practical approach to giving feedback in simulated scenarios
- Considered the relevance for this approach to their practice as teachers

## Feedback Model

- Orientation and climate: Prepare person for session
- Elicitation: ask person for self-assessment
- Diagnosis and feedback: decide where person needs to improve and how much feedback is appropriate; give reinforcing and corrective feedback
- Improvement plan: develop specific strategies for improvement
- Application: apply strategies to real situation
- Review: check person understands and agrees with what has been discussed and negotiated.

Hewson MG and Little ML, 1998

## Suggested References:

- Brown M, Hodges B, Wakefield J. Chapter 1.3 - Points for giving effective feedback. In Evaluation Methods: a resource handbook, 1995, Norman G (Ed). McMaster University
- Hewson MG and Little ML. Giving feedback in medical education. J Gen Intern Med 1998;13:111-16
- Westberg J and Jason H. Chapter 6 – Providing feedback effectively. In Fostering reflection and providing feedback. Springer Publishing Company 2001
- Wood B. Feedback: a key feature of medical training. Radiology 2000;215:17-19
- Rushton A. Formative assessment: a key to deep learning? Medical Teacher 2005;27;6:509–513

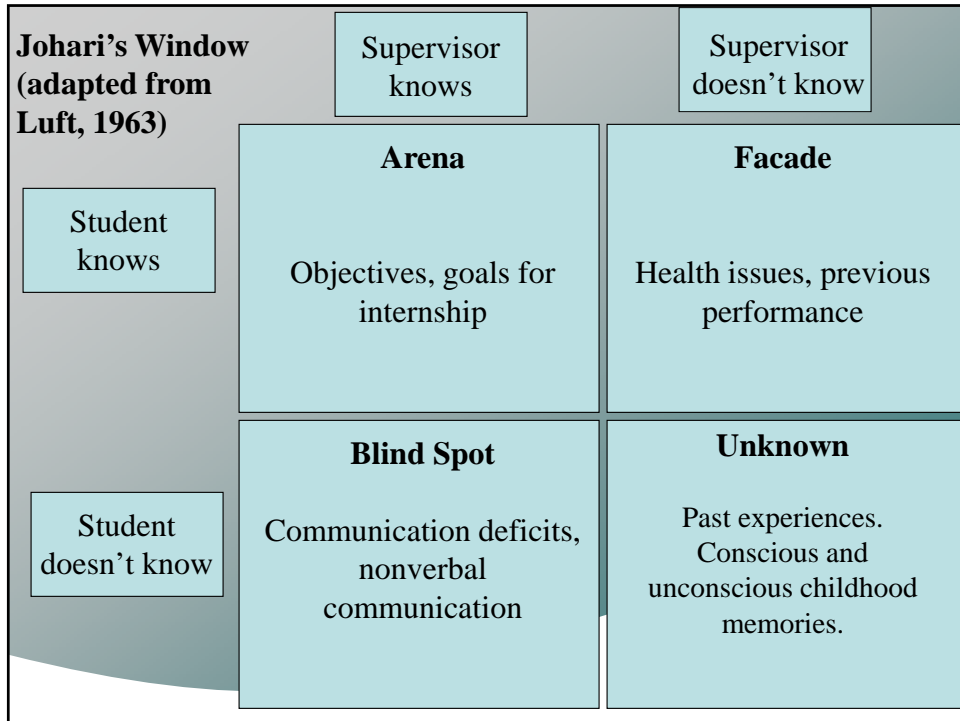
Sometimes the Self-assessment part is a bit sticky



***“Sometimes the self-assessment part is a bit sticky”***

Johari's Window

	KNOWN TO OTHERS	UNKNOWN TO OTHERS
KNOWN TO YOURSELF	YOUR PUBLIC SELF	YOUR PRIVATE SELF
UNKNOWN TO YOURSELF	YOUR BLIND SPOTS	YOUR UNCONSCIOUS



No universal agreement on a definition of Self Assessment:

- A personal evaluation of one's attributes and abilities against perceived norms (BEME Guide #10)
- Most standard definitions imply it is a personal and unguided process (Eva and Regehr 2007)
- It should commonly involve other sources of information (Boud 1999)

## Self-Assessment Why is it important?

- Appropriate ID of Strengths allows one to:
  - Maintain positive behaviors
  - Act with confidence
  - Set appropriately challenging goals
- Appropriate ID of weaknesses allows one to:
  - Pursue activities to close gaps
  - Self-limit in areas of limited competence
  - Set realistic expectations

© Bernstein, Forte

## Balance Caution With Confidence



© Bernstein, Forte

## Intra-individual Self Assessment

Instead of asking “How good are you?”, we ask, ***“What aspects of your performance need the most work?”***

(Regehr, 1996)

## A Different View of Self-Assessment

An Innovative  
Relative Ranking Model

Academic Medicine, 1996

G Regehr, B Hodges, R Tiberius, J  
Lofchy

## Relative Ranking Model

\*NB:

- We are not comparing ones' skills to those of others, but rather comparing ones' own skills relative to each other
- Therefore generating a spectrum of strengths and weaknesses per individual learner

## Relative Ranking Model

- 9 skills = 9 boxes to fill out
- Box 1 = skill needing most work
- Box 9 = skill needing least work
- Box 5 = mid-level skill



Needs most work

mid level skills

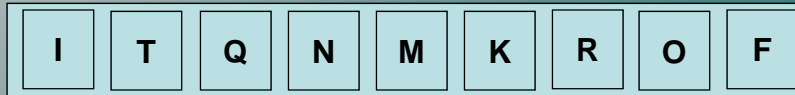
Needs least work

## Psychiatric interviewing

- Initiation
- Organization
- Questioning
- Flexibility
- Knowledge
- Mental Status
- Non-Verbal Skills
- Rapport
- Termination

### Teacher

Needs most work      Mid-level skills      Needs least work



## Relative Ranking of Cutting a Mango

- **D**escription
  - Clear, well-organized
- **F**ood safety
  - Cleanliness, hand hygiene
- **P**resentation
  - Display
- **A**mount of edible mango
  - Minimal waste and maximum edible mango
- **K**nife skills
  - Ease of use of knife, no personal injury
- **E**fficiency
  - Completes task in timely manner

Needs most work      Mid-level      Needs least work



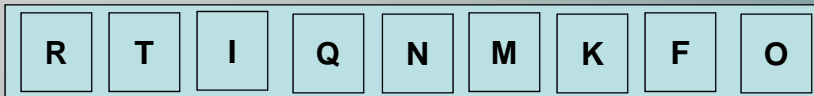
- OBSERVE performance
- Teacher and student individually rank
- Teacher and student have a feedback conversation

## Student

Needs most work

Mid-level skills

Needs least work



- Initiation
- Organization
- Questioning
- Flexibility
- Knowledge
- Mental Status
- Non-verbal skills
- Rapport
- Termination

## Student

Needs most work      Mid-level skills      Needs least work

R	T	I	Q	N	M	K	F	O
---	---	---	---	---	---	---	---	---

- Initiation
- Mental Status
- Organization
- Non-Verbal Skills
- Questioning
- Rapport
- Flexibility
- Termination
- Knowledge

## Teacher

Needs most work      Mid-level skills      Needs least work

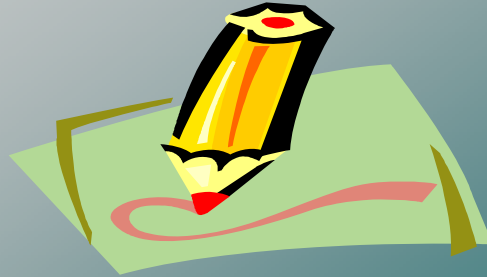
I	T	Q	N	M	K	R	O	F
---	---	---	---	---	---	---	---	---

## Three Areas for Discussion

- Teacher and learner agree are strong
  - opportunity for re-enforcement
  
- Teacher and learner agree need work
  - develop an educational Rx
  
- \*Areas of *Disagreement*
  - insight into self-assessment ability

## What feedback behaviours are you going to try when you get home?

Write it down....



### Suggested References:

- Brown M, Hodges B, Wakefield J. Chapter 1.3 - Points for giving effective feedback. In Evaluation Methods: a resource handbook, 1995, Norman G (Ed). McMaster University
- Hewson MG and Little ML. Giving feedback in medical education. J Gen Intern Med 1998;13:111-16
- Westberg J and Jason H. Chapter 6 – Providing feedback effectively. In Fostering reflection and providing feedback. Springer Publishing Company 2001
- Wood B. Feedback: a key feature of medical training. Radiology 2000;215:17-19
- Rushton A. Formative assessment: a key to deep learning? Medical Teacher 2005;27;6:509–513

## Suggested References:

- Davis D, Mazmanian P, Fordis M, Van Harrison R, Thorpe K, Perrier L. Accuracy of Physician Self-Assessment Compared with Observed Measures of Competence- A Systematic Review. *JAMA*. 2006; 296(9):1094-1102.
- Eva KW, Regehr G. Self assessment in the health professions: A reformulation and research agenda. *Academic Medicine*. 2005; 80 (10 Suppl): S46-S54.
- Eva KW, Regehr G. "I'll never Play Professional Football" and Other Fallacies of Self-Assessment. *Journal of Continuing Education in the Health Professions*. 2008; 28(1):14-19.