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**Objectives:**  
Participants will be able to:

1. Describe the Importance of Feedback
2. List Principles of Constructive Feedback
3. Discuss some common pitfalls to Giving Feedback
4. Assess a Learner's Strengths and Weaknesses and Give Feedback during a Role Play
5. Compare and Contrast Feedback and Evaluation (delayed feedback)

**Session Outline:**

1. Feedback
2. Role Play—Scripted Learners
3. Delayed Feedback

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No Disclosures



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Real Time Resident Feedback:  
Coaching Your Residents to Their  
"Personal Best"

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Goals

- Discuss attitudes toward Feedback
- Expose Blindspots
- Develop Metacognitive Skills
- Provide Model for Real Time Feedback
- Case examples

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Is feedback essential to improvement?

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Dunning-Kruger Effect



Meta-Cognitive Skills is knowing what you know

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A blindspot is not knowing what you don't know

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Papadakis et al. NFIM, 2005

More likely  
- Irrespo  
- Dimini:

3.0(1.9-4.8)

You  
**PLAY**  
the way you  
**PRACTICE!**

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*"Only the mediocre are always at their best."*

*Jean Giraudoux, Writer*

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Residents receive inadequate feedback

- National surveys: only 8% of residents satisfied with feedback
  - 81% never received corrective feedback
- Residents satisfaction with Feedback received < attending satisfaction with Feedback given

EMERGE, AEM, 2009

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### Reasons for inadequate feedback

- Too Busy
- Ineffectiveness
- Avoid conflict
  - Poison the work environment
- No reward
- Sympathy for stress of residency
- Isolated event?
- Learner is not prepared

Yarris, et al. AEM 2009

Bing You JAMA 2009

**What is the greatest disservice to our trainees we can do as coaches when we see these behaviors?**

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***“The purpose of competition is not to beat someone down, but to bring out the best in every player.”***

Alonso Stagg, Legendary Football Coach

Amos

Anything can be said to anyone...constructively  
Everyone wants to achieve their maximum

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### EFFECTIVE FEEDBACK CHARACTERISTICS

- Specific
- Real time and expected
- Based on self-assessment
- Based on direct observation
- Appropriate quantity
- Descriptive and non-judgmental
- Given with collaborative spirit
- Emotions of stakeholders considered

**CAN BE REINFORCING OR CORRECTIVE**

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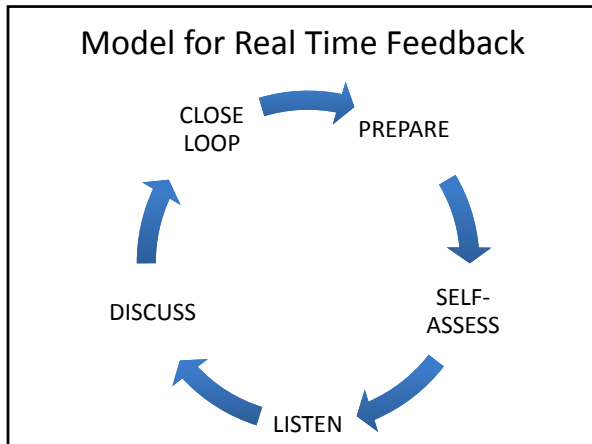
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### Step 1: Prepare

- Collect thoughts
- Acknowledge your personal feelings\*\*\*
  - Hardest
  - Lawsuit, RVU, Customer Service scores
  - Preconceived judgments
- Pick a location
  - Not central desk or nursing area
- Be a coach; not a ref
  - Create position of genuine support of professional development
- Prepare them for receiving feedback
  - “when you have a moment, let’s talk in the back hallway to give you some feedback/coaching”
  - Create a safe environment for self-assessment (coach)



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### Step 2: Self-Assessment

- Acknowledge discomfort if it exists
  - Put learner at ease
  - This is to enhance their experience/learning
- Have recipient self assess
  - Offer specific observations if nothing is forthcoming
  - Reinforce strengths
  - Use specific examples and ask them to give you examples

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### Step 3: Listen

Understand their side of the story

Acknowledge perceptions without agreeing

- RN don't like me b/c ...

Identify areas of deficiency

- Knowledge, prejudice, stress from volume, poor organization, poor effort, personal problem

**Let them be their own critic**

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### Step 4: Discuss

Use nonjudgmental language

Separate behavior from person

Consequences to their career

- I have observed that when you encounter patients with substance abuse, you attribute their visit entirely to their substance use. This causes you to not maintain an open DDX.
- I am concerned that if you always keep drug seeking at the top of your list, that you will miss a more serious condition.

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feedback NOT evaluation

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### During Discussion

<b>DO NOT</b> <ul style="list-style-type: none"><li>• Justify their actions</li><li>• Give up on a trainee</li><li>• Over do it (1-3 areas are good)</li><li>• Let their intentions justify their behavior</li></ul>	<b>DO</b> <ul style="list-style-type: none"><li>• Acknowledge</li><li>• ID Blindspots</li><li>• Let them take ownership<ul style="list-style-type: none"><li>– Help them understand the listening</li></ul></li></ul>
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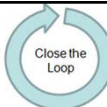
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### Step 5: Close the Loop



- Assess the trainee understanding and level of acceptance
- Make a follow up plan
  - On your next shift, work on ...
- Put this in their written evaluation
  - Trends can be identified early
  - If necessary, more significant remediation can occur

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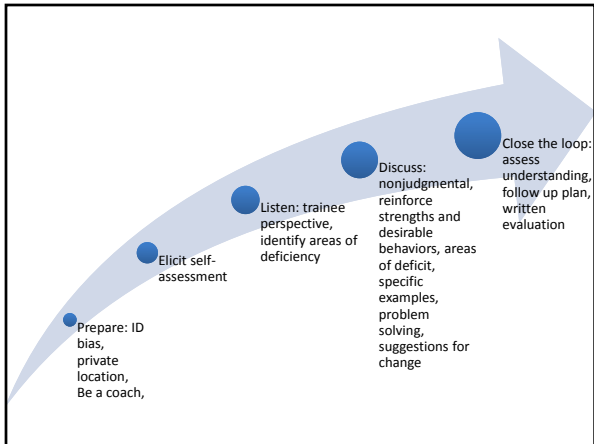
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### Conclusion

- Useful feedback rarely takes place
- Residents WANT constructive feedback
- Feedback is withheld or given passively for several perceived reasons
- Methods provide trainees with real time feedback on their performance.
- PD's should prepare interns and residents on how to expect, receive, and incorporate feedback into their practice.
- Don't give up on any trainee
- Don't forget to give positive feedback

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### Why do we give Feedback?

- Reinforce What Was Done Well
- Identify Areas for Improvement
- Create a Development Plan



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### What are good principles of feedback?

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- Use the Feedback Sandwich
- Balanced
- Self Assessment



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**What are good principles of feedback?**

- Give it Frequently
  - Don't wait:
    - It's fresh in their mind.
    - You want them to get better starting now.
  - Tell Them Today:
    - Give verbal feedback during the shift.
    - They shouldn't read something they've never heard before.

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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
  - Avoid generalizations. Cite specific cases/examples:  
"Your H&Ps aren't very good." vs  
"When we went back and assessed the patient's risk factors for ACS, it helped guide our management plan."
  
  - "You did a nice job with that Diabetic" vs  
"You thought of DKA right away and ruled that out. Good job including the worst case scenario in your DDx"

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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
- Base on Direct Observation
  - Not hearsay
  - More accurate
  - More specific
  - Better for skills (exam, procedures), attitudes, values
  - Shows the learner you're interested

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### What are good principles of feedback?

- Give it Frequently
- Be Specific
- Base on Direct Observation
- **Be Non-Judgmental**
  - Your goal is to change behavior, not personality.
  - “You’re not very nice to your patients.” vs “You should introduce yourself to your patients and tell them that you’re sorry that they’re not feeling well before walking out of their room.”

“You’re slow.” vs “You should focus on carrying more than one patient at a time. Try keeping a list”

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### What are good principles of feedback?

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- **Use the Feedback Sandwich**
  - Start Positive
  - Then Give Negatives
  - End Positive



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### What are good principles of feedback?

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- **Use the Feedback Sandwich**
  - Your H&Ps are complete.
  - Your DDX could be expanded
  - You’re a very hard worker.



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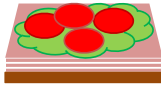
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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- Use the "Open Faced" Feedback Sandwich
  - Start Positive
  - Then Give Negatives
  - End with Plan for Improvement



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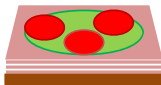
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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- Use the "Open Faced" Feedback Sandwich
  - Your H&Ps are complete.
  - Your DDx could be expanded.
  - Next time, list all the diagnoses that could explain the pt's symptoms, and include the worst case scenarios.



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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- Use the "Open Faced" Feedback Sandwich
- **Balanced**
  - Strengths
  - Opportunities for Improvement

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**What are good principles of feedback?**

- Give it Frequently
- Be Specific
- Base on Direct Observation
- Be Non-Judgmental
- Use the "Open Faced" Feedback Sandwich
- Balanced
- Self Assessment
  - Hard on Themselves
  - Identify Gaps
  - Learn Insight

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**Attending Evaluations of Trainees are Not Anonymous. Why Not?**

- Need to be Specific
  - What patient, What situation? Can we discuss more?
- Need to Know Who to Follow Up with
  - Thank you for the feedback. Can we work on a plan together?



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### You and your Resident have the Same Goal

- To be ready by graduation, to take care of the sickest patients in any ED, anywhere.



It's not a popularity contest. They will respect you for trying to make them a better doc...

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### Write it down...

No hallway "by the way..." evaluations in passing.

"An Attending once mentioned to me that..."

- Useless for Feedback
- Useless for Promotions



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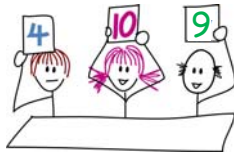
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### Evaluation

- Reflection and Reinforcement
- Guide Education Leadership (Identify Trends)
  - Be Sure Trainee is on Target with Expectations
  - Create a Remediation Plan when Needed
  - Establish Criteria to Promote/Graduate a Trainee



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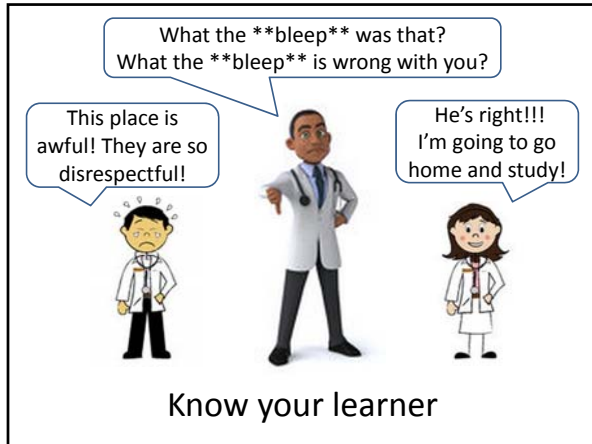
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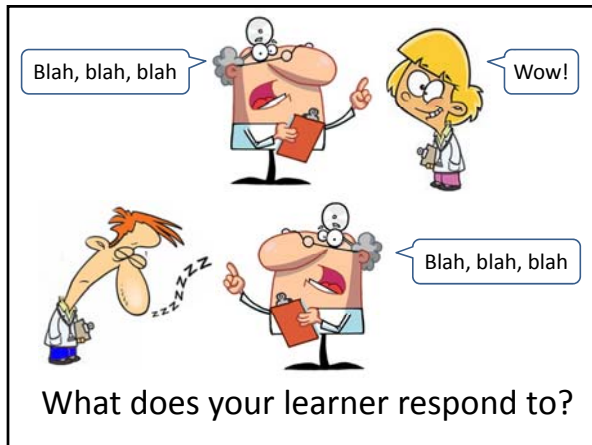
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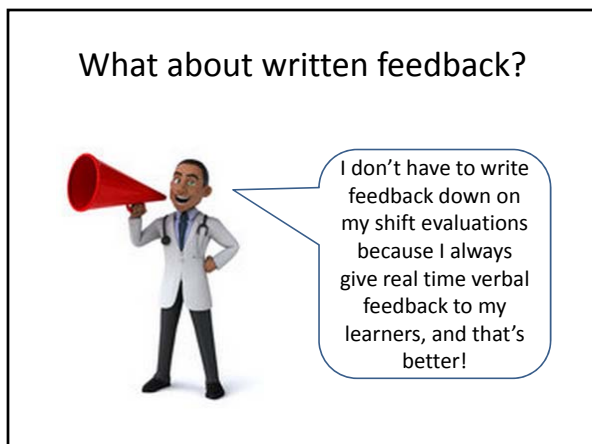
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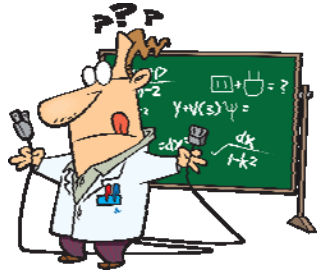
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### Delayed vs. immediate feedback



What does science have to say?

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### Potential advantages of written or delayed feedback

- Oral delivery decreased the effect of feedback interventions (Kluger & DeNisi)
- Written feedback is perceived to be less biased (Kluger & DeNisi)
- Delayed feedback is suggested for students with high achievement levels or complex tasks (Mason & Bruning)

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Listen up! This is a teaching moment. Blah, blah, blah...



I can't listen, I am so tired

I can't stop thinking about my other patient

I need to get to an appointment!

I need to eat!

I need to pee!



Timing is important!

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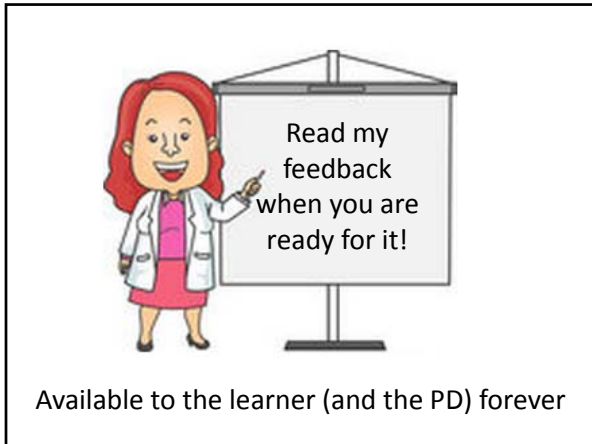
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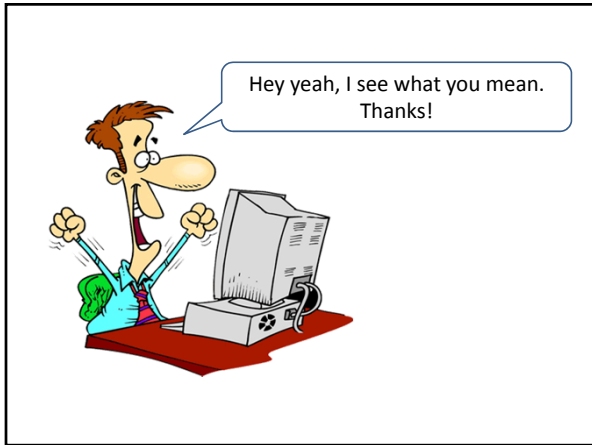
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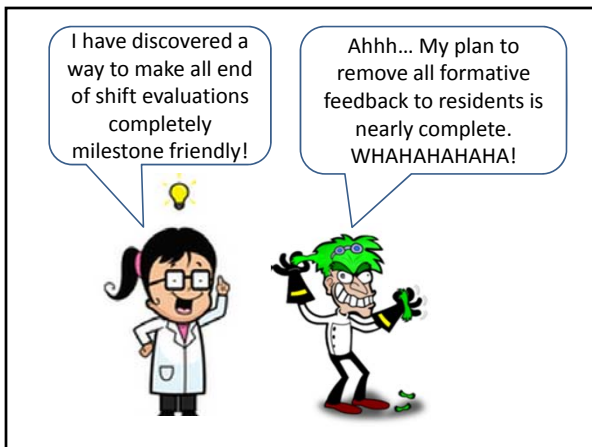
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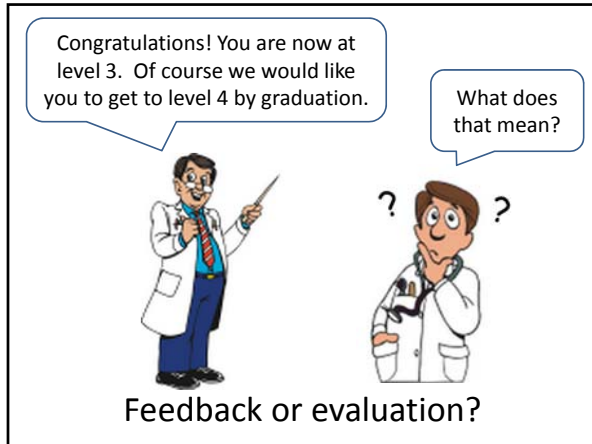
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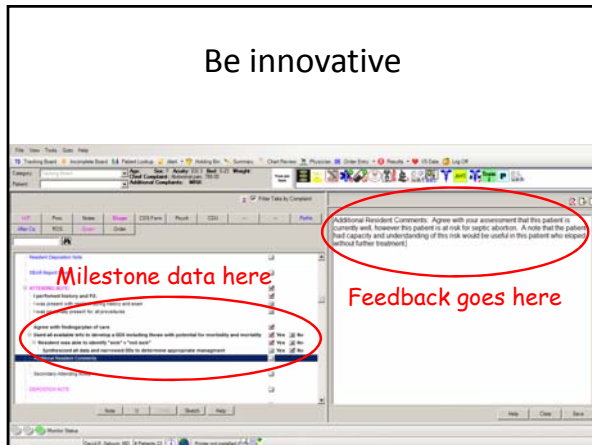
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