

The Early Medical Student and Feedback

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Our Agenda

- Introductions
- Overview of Reflective Feedback as a tool within preceptorships
- Practice
- Discussion

Preclinical students want:

- Contact with patients
- Exposure to different specialties
- To develop comfort interacting with patients
- To learn physical exam skills
- To experience connection of classroom learning to clinical medicine
- To be introduced to clinical reasoning

The

BORDERLINE™

By Gabe Martin

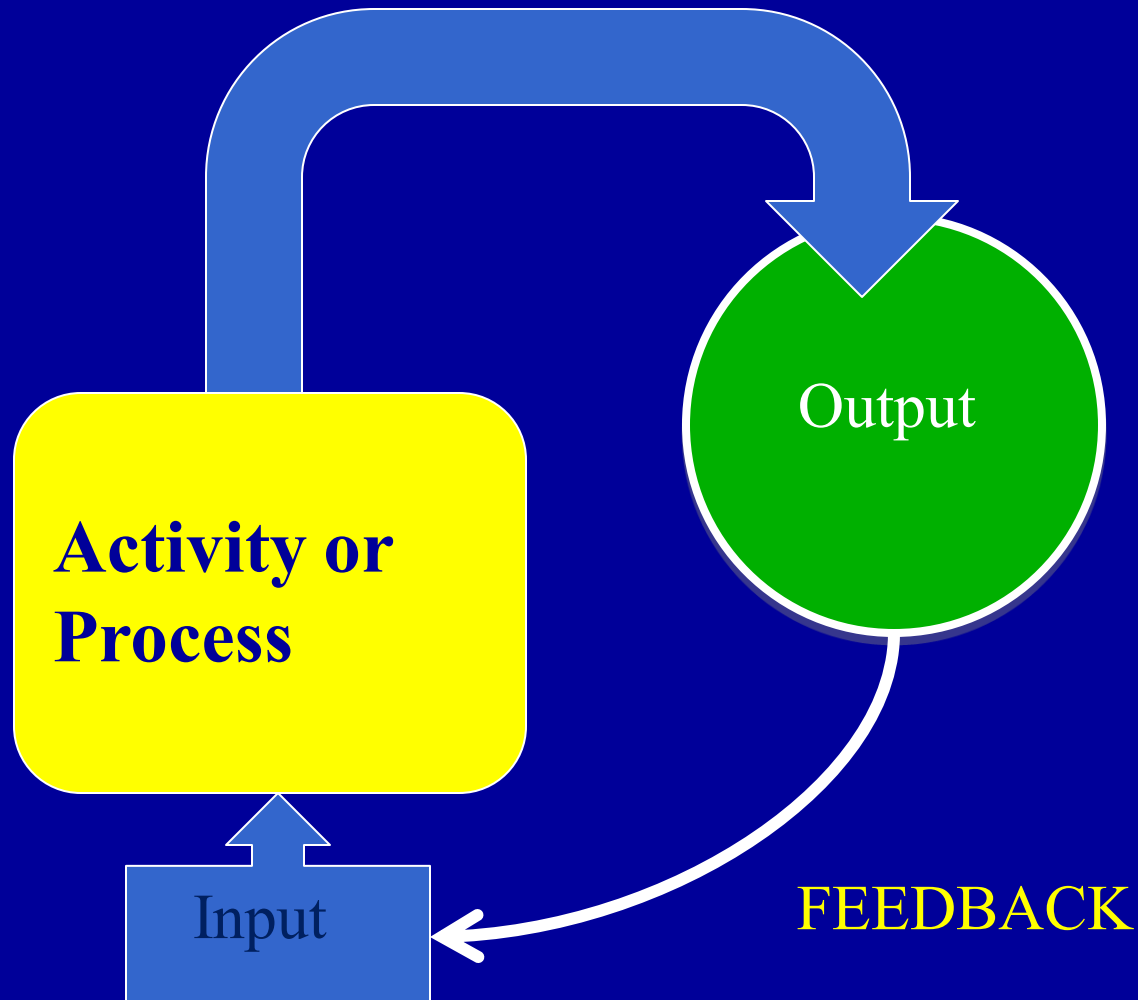


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While testing out his new cereal mix on his horse,
Dave gets some unexpected feed-back.

What is Feedback?



Why feedback?

- integral part of the learning process
- allows the student to remain on course in reaching a goal
- Lack of appropriate feedback leads to
 - dropping of desired learning
 - retention of incorrect learning
 - a false sense of competence

Feedback should

- Improve performance
- Induce a self-directed action
- Be formative not summative

Effective Feedback

- Expected and timely
- Based on first-hand information
- Descriptive rather than evaluative
- Focused on issues the learner can control
- Specific and concise
- Given privately
- Reciprocated

The Old Feedback Sandwich



Praise

Criticism

Praise

The New Feedback Sandwich



Ask

Tell

Ask

Reflection: thought occurring from meditation

To encourage it with learners requires:

- Role model
- Trust
- Skill to facilitate
- Recognize teachable moment:
- All are for the early student



Can you see some parallels?



The Feedback Dialogue: Ask

- Ask learner
 - gains insight into accumulated life experiences and knowledge
- Begins a conversation
- Establishes rapport
- Reveals learner's level of insight
- Promotes reflective practice

Prompts

- What did you learn from that encounter?
- What went the way you expected?
- What surprised you? Left you curious?
- What would you like to learn from this last session?
- What questions do you have?

The Feedback Dialogue: Tell

- Frames and focuses the conversation
- Tell what you observed
 - Respond to the learner's observation
 - *Feedback on self-assessment*
 - Include both positive and corrective elements
 - “I observed....”
 - Give reasons in the context of well-defined shared goals
 - *Provides the reason it is important*

Attributes of the “Tell”

- Based on previously set clear expectations
- Free of bias, prejudice, judgment
- Atmosphere that welcomes learners' questions, requests for help, and suggestions

Attributes of “Tell”

- Feedback is
 - timely
 - in an appropriate setting and
 - appropriate to the level of experience/training
 - Intended to guide students towards a higher level of knowledge and skill
 - focused on observed behaviors and desired outcomes, with suggestions for improvement

Feedback: Examples

- Vague: Be more careful with the reflex hammer.
- Specific: Here, let me demonstrate how I do the reflex exam and the best way to pick up these subtle differences.

Feedback: Examples

- Vague: You related to the patient very well.
- Specific: When you asked who would care for her dog when she is admitted for surgery, I saw her visibly relax. Your caring insight helped change the whole tone of the conversation.

Feedback: Examples

- Vague: You did a good job
- Specific: The social history you obtained, especially that he is afraid to go out on walks any more because he might fall, will really help us develop a plan with him for more assistance at home.

The Feedback Dialogue: Ask

- **Ask about recipients understanding and strategies for improvement: sets the learner to act**
 - What could you do differently?
 - Give own suggestions
 - Replay parts of the encounter: “show me”

Why don't people "hear" the feedback?

- Interplay between the receiver and giver of the feedback
- Receiver issues:
 - Doesn't recognize it when it is given
 - Doesn't understand the message
 - Doesn't reflect on the meaning

Why don't people "hear" the feedback?

- Giver issues:
 - Not enough time to give it
 - Not enough specific information to give examples
 - Spent the time, gave it, but it still wasn't heard

Addressing Common Barriers

- **Expected and timely**--Set up the expectation, give brief feedback often
- **Based on first-hand information**—watch & listen
- **Descriptive rather than evaluative**— relate what you saw or heard
- **Focused on issues the learner can control**—consider the context

Addressing Common Barriers

- **Specific and concise** —use examples and make suggestions for improvement
- **Given privately** —as simple as being the last ones to arrive on rounds
- **Reciprocated** —check in to make sure they understood and ask for feedback on the feedback!

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