GIVING FEEDBACK

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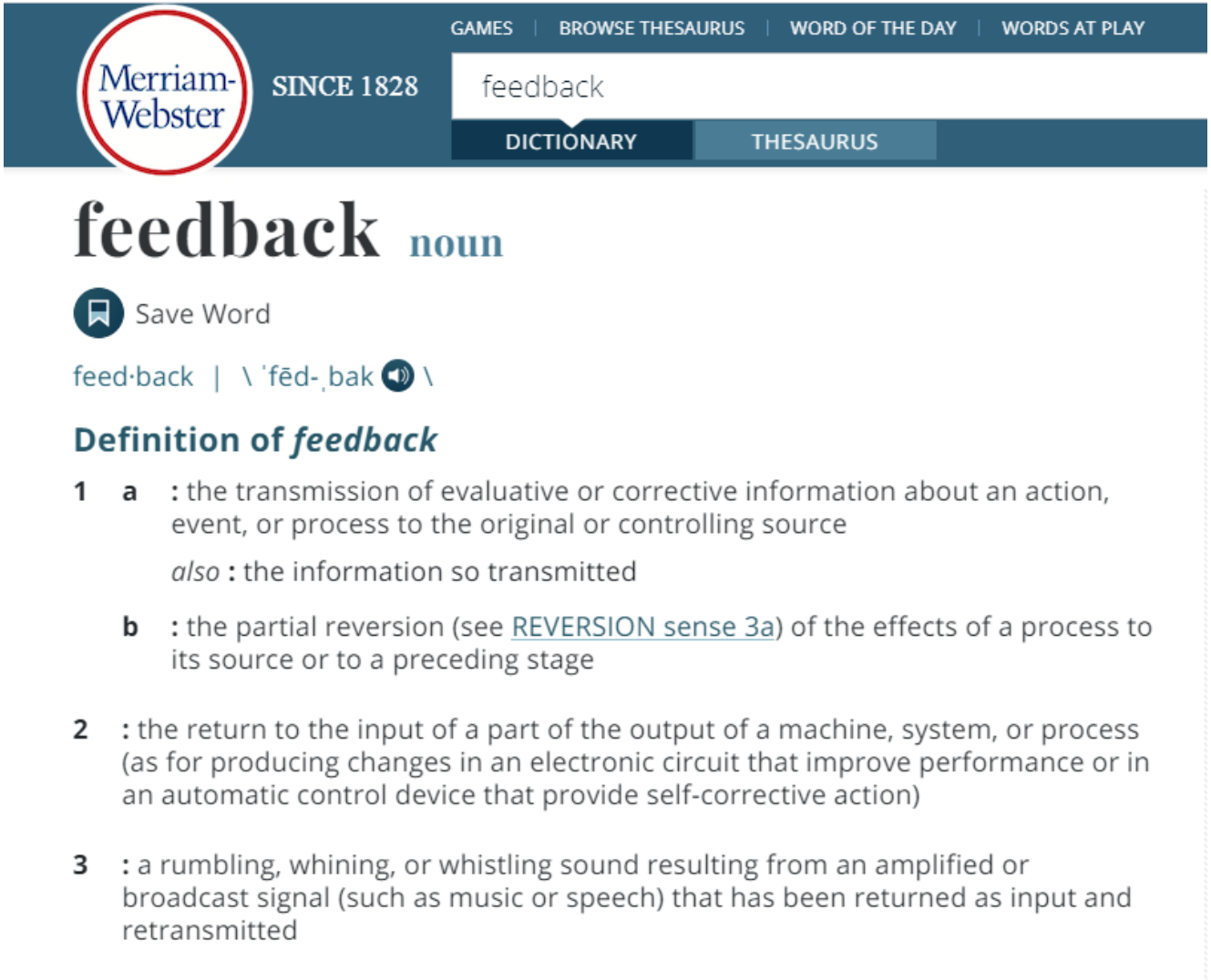
What is Feedback?



Merriam-Webster SINCE 1828

GAMES | BROWSE THESAURUS | WORD OF THE DAY | WORDS AT PLAY

feedback

DICTIONARY THESAURUS

feedback *noun*

Save Word

feed·back | \ ˈfēd-ˌbak \

Definition of *feedback*

1 **a** : the transmission of evaluative or corrective information about an action, event, or process to the original or controlling source

also : the information so transmitted

b : the partial reversion (see REVERSION sense 3a) of the effects of a process to its source or to a preceding stage

2 : the return to the input of a part of the output of a machine, system, or process (as for producing changes in an electronic circuit that improve performance or in an automatic control device that provide self-corrective action)

3 : a rumbling, whining, or whistling sound resulting from an amplified or broadcast signal (such as music or speech) that has been returned as input and retransmitted

Feedback in Medical Education

- "Feedback occurs when a student or house officer is offered insight into what he or she actually did as well as the consequences of his or her actions"

Ende J. Feedback in Clinical Medical Education. JAMA 1983; 250:777-781

Why Give Feedback?

- It is one of the best ways to inform trainees about their performance
- It provides information trainees can use to make adjustments in achieving their goals and reaching their maximum potential
- It increases the trainee's self-awareness and self-understanding, which will facilitate learning

Without Feedback

- Mistakes go uncorrected
- Good performance is not reinforced
- Clinical competence is achieved empirically or not at all

Example of feedback

Example of feedback

What did you think?

Common mistakes in giving feedback

- Vague feedback
  - "Great job"
  - "Needs some guidance"
  - "Keep reading"
- Using feedback and evaluation interchangeably
  - Feedback presents information not judgment
    - Feedback is neutral, composed of verbs and nouns
  - Evaluation is summative and presents a judgment
    - Evaluation is a judgment about how well or poorly the trainee met a given goal, often in relation to the performance of peers

Why is Feedback Not Given?

- Failure to make firsthand observations of performance
  - In order to do this, one must have well-formed standards (goals) of clinical competence
- Concern that negative feedback will hurt the trainee, damaging the student-teacher relationship
- Affects popularity

How Good are Trainees at Recognizing Their Own Incompetence?

- Study by Kruger and Dunning, published in the Journal of Personality and Social Psychology in 1999 "Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments"
  - Individuals in the bottom quartile greatly overestimate their abilities and almost entirely fail to correct their self-assessments following exposure to the performances of others
    - Test scores put them in 12th percentile, but they estimated themselves to be in the 62nd percentile
  - Individuals in the middle quartiles were generally accurate in assessing their skills
  - Individuals with the highest scores underestimated their abilities but were able to recalibrate after seeing the performance of others

How Good are Trainees at Recognizing Their Own Incompetence?

 Moderator: Mark Albanese, PhD

Difficulties in Recognizing One's Own Incompetence: Novice Physicians Who Are Unskilled and Unaware of It

BRIAN HODGES, GLENN REGEHR, and DAWN MARTIN

Kruger and Dunning[1] published an elegant series of studies illustrating that deficits in the ability to assess one's own competence were common among the subjects in the lowest-scoring quartile on a wide range of tasks such as recognition of humor and logical reasoning. These researchers demonstrated that subjects who had the highest scores underestimated their abilities but were able to recalibrate following exposure to the performances of others. Those scoring in the middle quartiles were generally accurate in assessing their skills, and this remained so after exposure to others' performances. People in the lowest quartile, however, greatly overestimated their abilities and failed almost entirely to correct their self-assessments following exposure to the performances of others. Kruger and Dunning concluded that those who know less also know less about what they know. In their study they raise the question of how to help learners who intrinsically overestimate their abilities and therefore do not perceive their own incompetence.

The work of Kruger and Dunning is intriguing for medical educators because, if replicated with doctors, it suggests that those with the least skill may be most at risk of inaccurately assessing their abilities. We set out to determine whether the same problems of self-assessment so consistently replicated in the studies of Kruger and Dunning could be demonstrated in family medicine residents. We reported in a previous study that the calibration of the self-assessment of novices improved when they viewed benchmark performances of others.[2] In that study, the self-assessments of residents remained less than perfect even after viewing others' performances. Having reviewed the work of Kruger and Dunning, we decided to

more experienced residents, the former group showing statistically significantly lower initial correlation with expert observers' ratings. In an effort to replicate the work of Kruger and Dunning, only these novices were selected for the current analysis.

Following their own interviews, the residents were asked to assess the videotaped performances and were then given an opportunity to rescore their own performances. The residents' ratings of their own performances were then compared with scores of experts in two ways. First, the experts' ratings of the residents were sorted in tertiles and plotted against both the pre- and the post-video self-assessed ratings of the residents. Second, in an effort to standardize the use of scales across the residents, each resident's score was rescaled relative to his or her mean assessment of the four benchmark videos. A *z* score was calculated for each resident's performance by subtracting the resident's mean score of the videos from his or her actual self-assessment and dividing by the standard deviation of the video ratings.

The use of *z* scores requires some explanation. The example of one resident illustrates how analysis of raw scores alone could have obscured the fact that some residents became significantly more accurate in their self-assessments following the videos. Resident 21 gave himself a slightly higher raw score than the experts did prior to his viewing the benchmark videos (6.0 versus 5.9, respectively). He rated himself still higher (6.9) after he had viewed the videos, making it appear that he was becoming increasingly *inaccurate* in his self-assessment. However, when his scores were analyzed relative to the way he rated the videos (*z* scores), the picture changed

Hodges, Brian, Glenn Regehr, and Dawn Martin. "Difficulties in recognizing one's own incompetence: novice physicians who are unskilled and unaware of it." *Academic Medicine* 76.10 (2001): S87-S89.

How Good are Trainees at Recognizing Their Own Incompetence?

- Study by Hodges et al published in Academic Medicine
  - 24 PGY1 family medicine residents
  - Standardized patient "breaking bad news" scenario
  - Two expert faculty members with extensive experience in teaching communication skills
  - Both the trainees and the experts evaluated the residents' performance on six 9-point rating scales
    - Knowledge, rapport, emotional control, flexibility, questioning skills, and overall

Hodges, Brian, Glenn Regehr, and Dawn Martin. "Difficulties in recognizing one's own incompetence: novice physicians who are unskilled and unaware of it." *Academic Medicine* 76.10 (2001): S87-S89.

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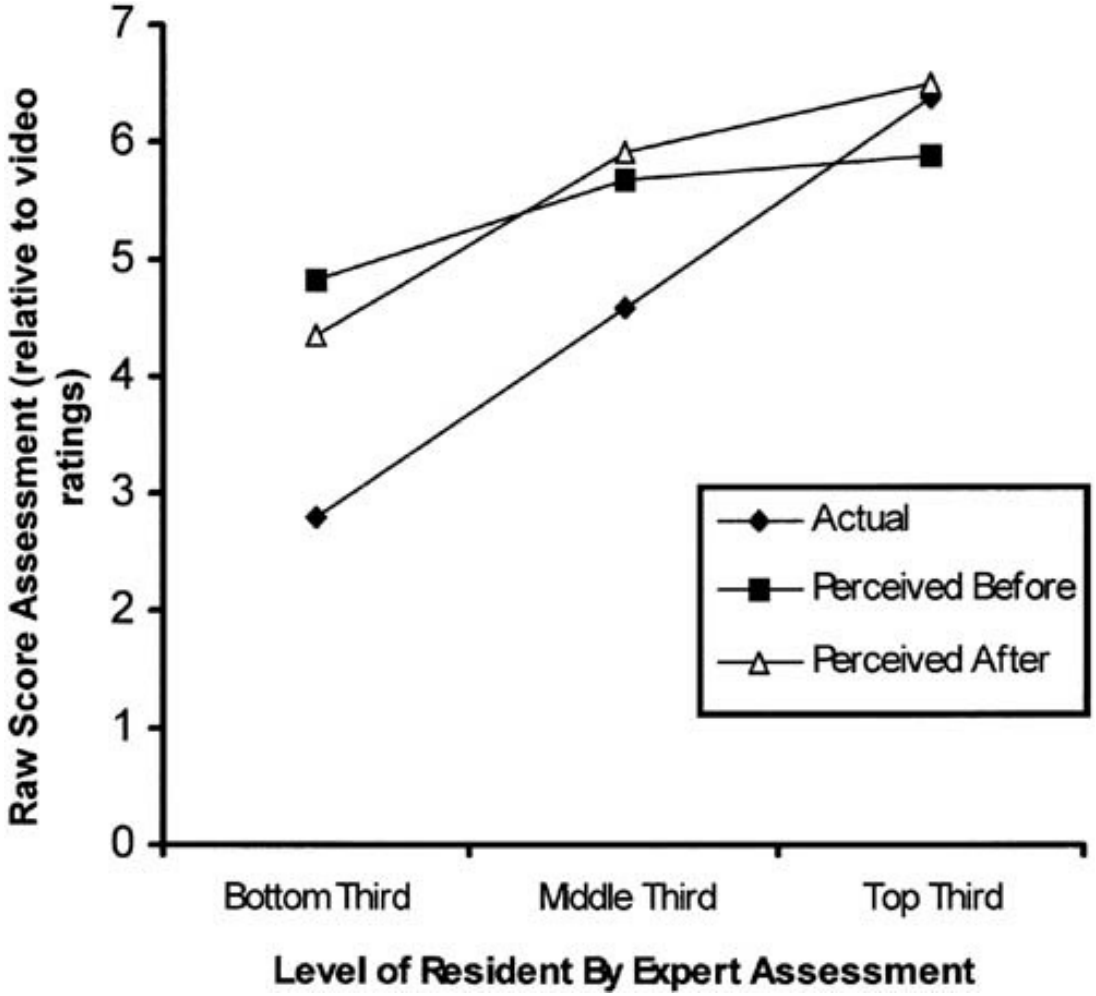

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Key Elements of Meaningful Feedback

- Set Expectations
  - Feedback is most successful when the expectations are verbalized at the beginning of the rotation
- Location and Learning Environment
  - Try to give the feedback as soon as possible
  - Be sure to let the learner know that you are going to give him/her feedback
    - Be sure to use the actual word "feedback" because if it is not labeled, the learner may not remember that you gave them feedback
    - Struggling learners often say "I didn't get any feedback"
  - If the learner is angry, overwhelmed, or hurried, find a better time to give feedback as s/he may be too distracted to listen and learn from what you have to say
- Engage the learner in the feedback process

Another example of feedback

Guidelines for Giving Feedback

- Base on first-hand information (direct observation)
- Use descriptive, detailed, nonevaluative, and encouraging language
- Deal with specific performances, not generalizations
- Well-timed and expected
- Consistent
- Limit to behaviors that are remediable
- Focus on activities not individuals
- Focus on decisions, not decision-makers
- Ask the trainee to recap what was discussed

Elicit the Trainee's Self-Assessment

- "How do you think things are going?"
- "How do you think your presentation went?"
- "What aspects do you think were successful?"
- "What aspects need improvement?"

Structuring Feedback

- Elicit trainee's self-assessment
- Comment on self-assessment
- Pick one area that is strong and one that needs correction
- Give specific examples on which your opinion is based
- Jointly agree on an action plan

Feedback Sandwich

- What was done right
- What was done wrong
- How to improve

Examples of Feedback

- Judgmental: “You are disinterested”
- Neutral: “When we discussed your patient you did not participate”

- Judgmental: “You are too shy”
- Neutral: “When you were asked for input you did not speak up”

- Vague/Evaluative: “Your differential was inadequate”
- Descriptive/Nonevaluative: “The differential did not include the possibility of disease X”

- Vague/Evaluative: “You did a great job”
- Descriptive/Nonevaluative: “Your presentation was detailed, inclusive and lead to appropriate conclusions”

Role-Play

- As with any skill, these things require practice
- Get into groups of three, and role-play
  (one learner, one evaluator, one observer)
- The observer will provide feedback to the other two on how the interaction went
- Change roles for each case, so that each person has the opportunity to play a different role

Cases

- Case 1
  - Dr. Lucas is often late to rounds. She has a 3-year-old and an infant at home. You need Dr. Lucas to be on time to rounds but you want to be supportive of her limitations
- Case 2
  - You have a resident, Dr. Sanaa, who is habitually "short" with patients. You have observed this several times. Other faculty have asked you to provide feedback to this resident as there was a patient complaint last week

Group Debriefing

- How do you think you did?
- Was it easier or harder than you thought it would be?
- What was the most challenging aspect of the exercise?

Moving Forward

- Take a moment to write down a personal goal regarding feedback for your trainees

Another example of feedback

What did you think?

- Were goals and expectations set?
- Was the timing appropriate?
- Was the content of feedback effective?

- Done well:
  - The instructor initiated feedback
- Needs improvement:
  - Should give objective feedback not subjective feedback
  - The feedback needs to be relevant to the learner's clinical performance
  - Should give specific feedback on observed behaviors
  - Constructive feedback instead of just praise

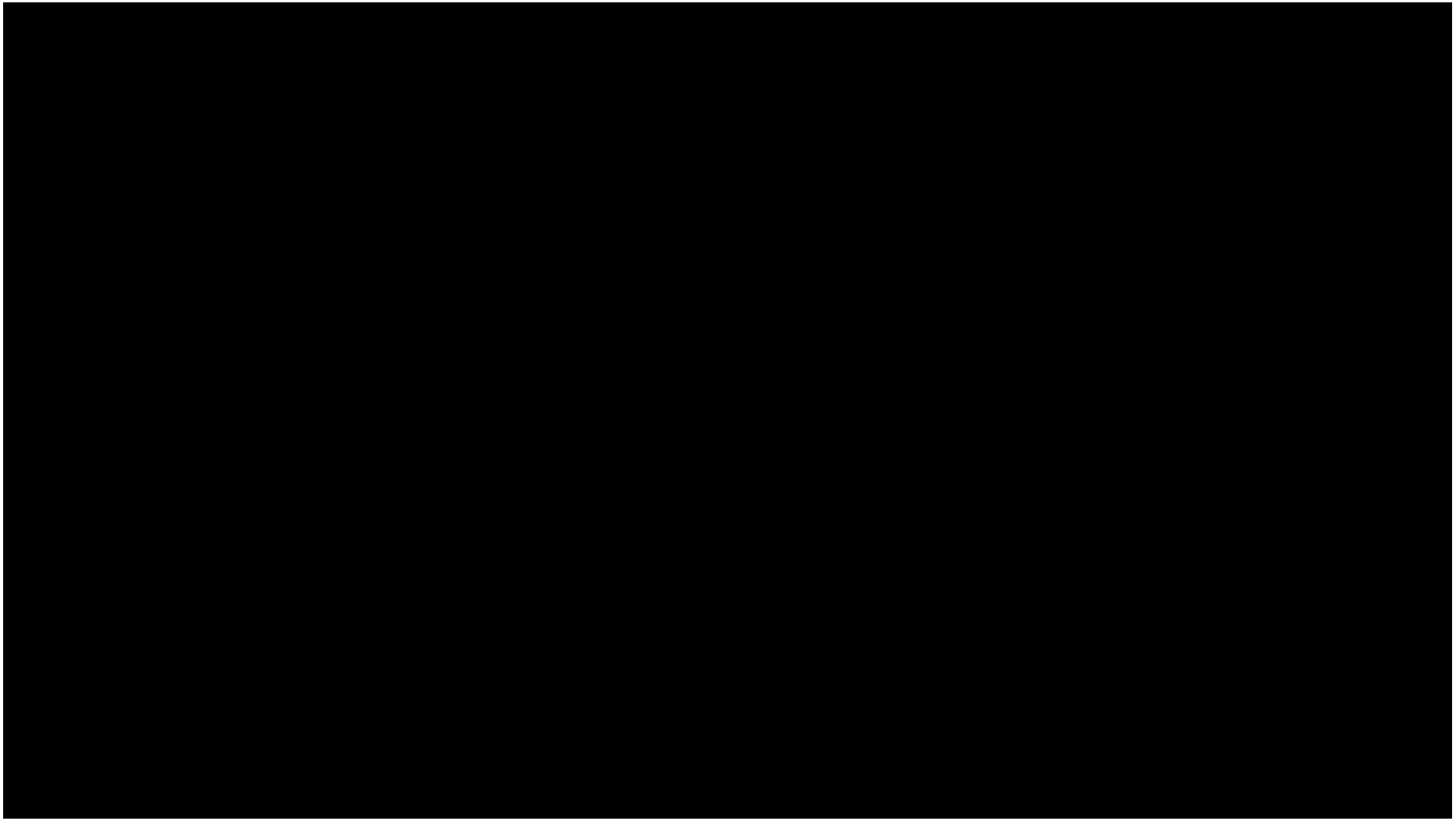
Another example of feedback

- Done well:
  - Learner engaged in goal-setting
  - Planned time for feedback
- Needs improvement:
  - Constructive comments
  - Specific feedback, with concrete examples of actions observed

Another example of feedback

- Needs improvement
  - Anticipate or plan feedback
  - Give timely feedback
  - Give specific examples
  - Give positive comments
  - Make a plan for improvement

Another example of feedback



- Done well:
  - Feedback was announced
  - Immediate
  - Specific
  - Positive and constructive comments
  - Timely plan for improvement

Summary

- Feedback is an essential part of the medical education experience
- Set expectations for the feedback
- Label the feedback, so that they remember you gave them feedback
- Be specific but nonjudgmental
- Be timely
- Focus on activities/decisions not individuals
- Engage the learner

References

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