

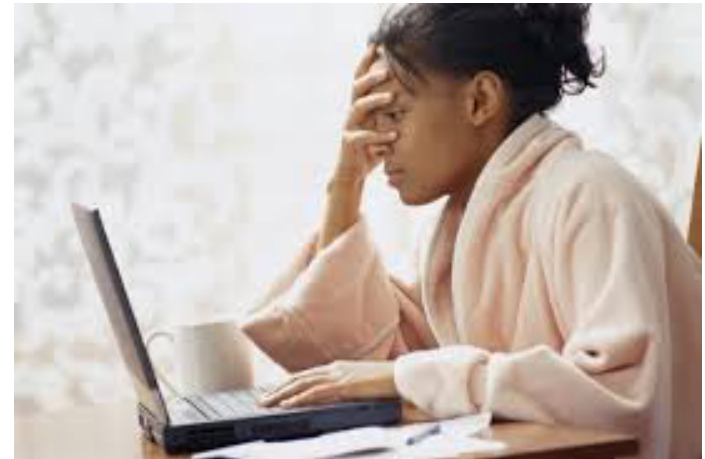
# Mid-block clinical assessments

Master Teacher Program

August 17, 2017

# Student frustrations

- Often times, grades released long after they are done
- Unaware how I'm being assessed
- Student's self-assessment is different from the instructor's assessment
- Significant improvements were not made from beginning to end of the rotation



# Responses to feedback



<b>Negative reactions to feedback</b>
<b>Defensiveness</b> – I feel attacked, I am going to shut down
<b>Resistance</b> – This is not my reality
<b>Denial</b> - It is not true about me; you don't know the truth about me
<b>Avoidance</b> - withdraw to avoid threat
<b>Rationalization</b> - I have a valid excuse for this, and I can explain it to you logically
<b>Deflection</b> - You let me down last year when you did this
<b>Repression</b> - I don't remember

# Mitigating those frustrations

- Frequent feedback "on the fly" is most ideal
  - Taking a time-out
  - Is it private
  - Emotionally driven
  - It doesn't translate to a specific grade





# Mid-block assessments

- Timely feedback
- Provide formal venue to “check in”
  - No surprises when the final grade is given
- Provides the opportunity for guidance to improve
- Written vs oral
  - Permits active dialogue and discussion
  - Decreases misinterpretation of feedback through elaboration and non-verbals



# Current procedures

- Provide rubric for self-assessment
- Self-assessments due 2<sup>nd</sup> Wednesday of the rotation
- Collect teamwork evaluations
- Collect client feedback forms
- Compile evaluations Wednesday night
- Individually meet on Thursday afternoon
- Provide one signed copy for student

Mid-Block Self-Evaluation								
Name _____		Date _____						
Competency	Unacceptable		Satisfactory		Good		Exceptional	Comments
History								
Physical exam								
Diagnostic planning/interpretation								
Record management								
Treatment plans								
Technical/surgical skills								
Basic medical skills								
Case management								
Animal welfare/patient care/anesthesia/pain								
Preventive health								
Client communication								
Medical personnel communication								
Rounds participation								
Ethics								
Teamwork								
Research skills								
Professionalism								

Additional comments:

This evaluation has been discussed between student \_\_\_\_\_ and clinician: \_\_\_\_\_ Date: \_\_\_\_\_

# The setting

- Exam room
- Privacy
- Make it comfortable: Therapy animal



# Dynamic Feedback Process

- How has the rotation been for you?
  - As expected, better, or worse?
- What feedback do you have for the rotation?
- Review how the grading rubric works
  - More than just a number
- Highlight both areas they excel at and areas for improvement
- Be specific about goals/expectations for the rest of the rotation
- Review/What questions do you have?





**Table 2. Feedback Model**

<b>Intention</b>	<b>Technique</b>	<b>Example of Behavior</b>
<i>Orientation and climate:</i> prepare person for session	Inform person ahead of time. Select appropriate time and location. Provide relaxed, respectful atmosphere. Explain/negotiate agenda.	Let's make an appointment to review your performance. What are your goals for this rotation/ clerkship? Remember the stated expectations for this procedure?
<i>Elicitation:</i> ask person for self-assessment	Ask what was done well and what could be improved. Ask how person felt. Use open-ended questions.	How do you think it went? What was done well? What could be improved?
<i>Diagnosis and feedback:</i> decide where person needs to improve and how much feedback is appropriate; give reinforcing and corrective feedback	Offer your response to observations of specific behaviors, approach, or style. Give your reasons in the context of well-defined shared goals.	When you did/said . . . , I was . . . (pleased, relieved, concerned, annoyed, upset), because . . .
<i>Improvement plan:</i> develop specific strategies for improvement	Invite person's suggestions. Give your suggestions. Suggest articles, consultations. Teach (discuss, demonstrate, coach).	What could you do differently? This is my suggestion . . . Where will you get help? Let's reframe this problem. Let's talk about this.
<i>Application:</i> apply strategies to real situation	Apply planned improvements to current or future problems.	What will you do next time? Show me!
<i>Review:</i> check person understands and agrees with what has been discussed and negotiated	Person reviews his/her behaviors needing change. Specify consequences.	What do you do well? What changes will you make? By when? What if you don't?

Hewson, M. G., & Little, M. L. (1998). Giving feedback in medical education. *Journal of General Internal Medicine*, 13(2), 111-116.

# An investigation of medical student reactions to feedback: a randomised controlled trial

MARGARET L BOEHLER, DAVID A ROGERS, CATHY J SCHWIND, RUTH MAYFORTH, JACQUELYN QUIN,  
REED G WILLIAMS & GARY DUNNINGTON

- Medical students appear to be persistently dissatisfied with the feedback that they receive. The purpose of this study was to evaluate learning outcomes and perceptions in students who received feedback compared to those who received general compliments.
- All subjects received identical instruction on two-handed surgical knot-tying. Group 1 received specific, constructive feedback on how to improve their knot-tying skill. Group 2 received only general compliments.
- Results: The average performance of students who received specific feedback improved (21.98 versus 15.87,  $P < 0.001$ ),
  - whereas there was **no significant change in the performance score in the group who received only compliments** (17.00 versus 15.39,  $P = 0.181$ )
  - The average **satisfaction rating in the group that received compliments was significantly higher than the group that received feedback** (6.00 versus 5.00,  $P = 0.005$ ).
- Student satisfaction is not an accurate measure of the quality of feedback. It appears that **satisfaction ratings respond to praise more than feedback, while learning is more a function of feedback.**



# Responses

- <https://drive.google.com/open?id=0B4yv7YXbCaEeeUJBMXVBQkRXN0U>
- 26:21-29:35



## Ten tips for receiving feedback effectively in clinical practice

Ali H. Algiraigri\*

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- Learners need to be empowered with the skills needed to receive and utilize feedback and compensate for less than ideal feedback delivery due to the busy clinical environment.
- Several learners' barriers to seek, receive, and handle feedback effectively. These include, but not limited to:
  - inaccurate self-assessment,
  - misconception of feedback as a negative act, and
  - negative reaction that may prevent a productive response.
- Learners need to be taught how to better receive and utilize feedback



*Table 1.* Summary of the ten tips

#	Point of emphasis	How to deal with it?
1	Self-assessment	<i>Break down the task into different components</i> rather than looking at the <i>global picture</i> .
2	Do I really need feedback?	Everyone has a <i>blind spot</i> , which prevents us from reaching the next stage of growth, so go and discover it.
3	Your preceptor(s)	<i>Connect well</i> with your teacher and build up the bridge of success.
4	Little or no feedback	Take <i>initiative</i> and ask for the feedback.
5	Positive feedback	<i>Thank</i> your instructor and <i>appear confident</i> . Take that task to the proficient level.
6	Your emotion	You are <i>expected to make mistakes</i> . It is <i>normal to receive constructive</i> feedback. Feedback is an <i>opportunity for improvement</i> . Be a good <i>listener</i> .
7	Your turn! What after the feedback?	Here is what <i>really matters</i> , <i>be part of the constructive action plan</i> and <i>follow that up</i> .
8	Generation differences	<i>Acknowledging</i> this will help you to better understand your preceptors.
9	General, non-specific feedback	<i>Probe and ask</i> questions to figure out what exactly is the point.
10	Be ready for it	Situations matter, feedback can happen at <i>any time and in any form</i> .

Algiraigri, A. H. (2014). Ten tips for receiving feedback effectively in clinical practice. *Med Educ Online*, 19, 25141.

*Table 3.* Generation and feedback

Generation	Feedback
Traditionalists (1900–1945)	‘No news is good news’.
Baby boomers (1946–1964)	‘Feedback once a year, with lots of documentation!’
Generation X (1965–1980)	‘Sorry to interrupt, but how am I doing?’
Generation Y (1981–1999)	‘Feedback whenever I want it at the push of a button’.



Algiraigri, A. H. (2014). Ten tips for receiving feedback effectively in clinical practice. *Med Educ Online*, 19, 25141.

# Benefits

- Gratitude/appreciation from students
- Better relationships with students
- Clarifies any grading concerns
- Opportunity for them to explain themselves
- Encourages honest discourse about any concerns, complaints
- May minimize the criticisms/complaints received at the end of the rotation
- Demonstrates that reviews don't have to be scary
  - Good employers will give feedback in the real world



# Oral Versus Written Feedback in Medical Clinic

*D. Michael Elnicki, MD, Richard D. Layne, MD, Paul E. Ogden, MD, Douglas K. Morris, MA*

- Clinical educators vary in the style and structure of their feedback, and it is unclear which methods are preferable.
- To determine whether residents perceived oral, face-to-face feedback about their continuity clinic performance as better than a similar, written version.
- 68 residents and preceptors
- Residents at each program were separately randomized to oral or written feedback sessions with their clinic preceptors. Perceptions of feedback were assessed using questions using Likert scale questionnaire.
- No differences were observed between the oral and written feedback groups ( $p=0.95$ ).
- In attempting to provide better feedback to their residents, medical educators may better apply their efforts to other aspects, such as the frequency of their feedback, rather than the form of its delivery.

# Excuses for not giving feedback

- I don't know how to give feedback well
- People should know what they should be doing
- I don't want the person to react angrily
- It's not that important
- I like the person, and don't want to upset them
- People know when they've done a good/bad job. They shouldn't need telling
- If I say nothing, it will sort itself out





# Challenges

- Time, time, time!
  - Preparation
  - Delivery
- 
- 2 week rotations: when to do them?



# Feedback?

