Feedback in Medicine: Coach Not Critic

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## Financial Disclosures

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Objectives

• Compare & Contrast Formative vs Summative Feedback

• Describe at least 5 key components to an effective feedback session

• Describe how a “coach’s” approach to feedback can address some of the impediments to effective feedback
Feedback Defined

The process by which the teacher collects data by observation, compares learner performance to a standard, and provides learners with information about their performance for the purpose of improving their performance.

Is this Effective Feedback?
3 Types of Feedback

- **APPRECIATION**: to acknowledge, give credit or thank

- **COACHING (FORMATIVE)**: to help the receiver fine-tune skills, tweak understanding, increase knowledge, improve

- **EVALUATION (SUMMATIVE)**: to score against expectations

Types of Feedback

**Formative (aka “Feedback”)**
- Information
- Neutral
- Provided during the rotation
- Describes specific performance
- Intent: guide future performance

**Summative (aka “Evaluation”)**
- Judgment
- Normative statements
- Evaluation provided at end of rotation
- Evaluating degree to which learner met set standards
- Intent: provide outcomes of the rotation

Effective Feedback?

- Excellent resident
- Great with patients
- Clearly demonstrates proficiency
- I enjoyed working with this trainee
- Very professional attitude and approach
- Excellent physician, exemplary professionalism
Effective feedback?

- Needs to read more
- Disorganized
- Work on presentations
Feedback **IS** Essential to Learning

*Evidence in the literature*

- Effective feedback has positive impact on academic development of medical students
- Feedback is **crucial** to knowledge and technical skill
- Compliments **do not** improve technical skill

Evidence on frequency & quality of feedback

- Feedback in clinical training judged inadequate in frequency and quality
- Medical students and residents are dissatisfied with feedback received

Your Turn

What is so hard about giving/receiving Feedback?
Challenges

- Few first-hand observations (data)
- Need standards of clinical competence
- Time constraints
- Teacher concerns → “Vanishing Feedback”
  - Student will be hurt by negative feedback
  - Damage teacher’s reputation
  - Damage relationship with student
Small Groups: Strategies

For each challenge, please suggest 1-3 improvement strategies.
Redefine Yourself:
What **Teachers** can learn from **Coaches**
Good Coaches are Good at Feedback

Demonstrate
Role Model
Support
Motivate: Push & Inspire
Focus on Essentials
Identify Next Step in Development
Repetitive Practice with On-Going Assessment

Dudas RA and Bannister SL. It’s not just what you know: the non-cognitive attributes of great clinical teachers. Pediatrics 2014;134;852
Feedback Model: A Gourmet Sandwich

Ask
- Help recipient self-assess

Tell
- Tell what you have observed (positive & negative)
- Relate to shared goals

Ask
- Generate ideas together
- Gauge acceptance
- Commit to shared follow-up
Questions for Self-Assessment

- **APPRECIATION:**
  - Where were you most successful?

- **COACHING (FORMATIVE):**
  - How can knowledge expand?
  - What skills need to be fine-tuned?

- **FEED FORWARD:**
  - How can experience inform decision-making?
  - What needs to change/stay to be successful?

Feedback should be...

- Expected
- Well-timed, in an appropriate setting;
- Limited in scope, based on first-hand data
- Limited to remediable behaviors and specific performances, w/ decisions and actions assessed against performance goals
- Phrased in nonjudgmental language

Advanced Concepts

- **Frame-based feedback**
  - Crucial to diagnose “frames” (thought processes that drive actions)

- **Feedback by phase**
  - **Early learners**: Directive feedback
  - **Later learners**: Facilitative feedback


Time to Practice
Your dilemma

- You have been rounding with your inpatient service and notice that at each stop one of your interns is regularly looking at their phone and sometimes typing on it. During discussions (s)he rarely makes eye contact but when directly questioned is able to answer appropriately. You have no concerns about their patient care but annoyed by this unprofessional behavior. You notice at one point that the parents of one of your patients was staring at the intern while (s)he was glued to the phone.
Summary: Effective Feedback is...

- Well timed
- Based on first-hand data
- Limited in quantity
- Limited to remediable behaviors
- Phrased in descriptive, non-evaluative language
Summary: **Personal strategies** to improve feedback

- **Incorporate it** into your routine
- Think of it as **individualized Coaching**
- Give feedback about **specific actions**
- Don’t assume intentions/interpretations
- Be specific, “praise” is not feedback
- Share a **common goal**
Summary: Effective Feedback is...FAST

- F: Frequent
- A: Accurate
- S: Specific
- T: Timely
WHAT IS ONE CHANGE YOU ARE GOING TO MAKE IN GIVING FEEDBACK?
Thank You!

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