

Providing Effective Feedback & Evaluation

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2015 Education Day!!

October 28, 2015

VTCSOM

FEEDBACK!!

Sarah Bean, MD

Duke University Medical University

- 1. 8:00-9:00 am:** Students, residents, fellows
- 2. 12:00-1:00 pm:** All faculty
- 3. 1:00-2:00 pm:** Invited Educational Leaders (this includes YOU!) :)

Feedback & Evaluation

By the end of this session, participants should be able to:

- Distinguish between reinforcement, feedback, and evaluation
- Describe components of effective feedback
- Make connections between expectations, feedback, and evaluation
- Provide and guide your faculty to provide more effective feedback and evaluations

Skeff's Framework for Enhancing Teaching Effectiveness

- Establish an effective learning climate
- Maintain control of session
- Communicate goals/objectives & expectations early
- Promote understanding and retention
- Provide effective feedback
- Promote ongoing self-directed learning
- Evaluate learners



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The Numbers Game



Case 1

Case 1

?





Case 2

Case 2

?



Generic Positive Reinforcement

- General, Non-specific praise
- Increases the probability a behavior will be repeated
- “Good job,” “Great shot,” “Nice presentation,” “You Rock”



Case 3

Case 3



What is Feedback?

- In the setting of **clinical medical education**, **feedback** refers to information **describing a trainee's performance** in a given **activity** that is **intended to enhance their future performance** in the same or related activity.
- Provides useful information about **individual strengths and weaknesses** that guides future learning.
- It is a *key step in the acquisition of clinical skills*
- Feedback is often omitted or handled improperly in clinical training.

Ende's Principles of Feedback

- Feedback is **different** than Evaluation
- Performance should be measured against well-defined goals or learning objectives
- Feedback should be well-timed, prompt and expected (day to day is best)
- Feedback should be specific



Ende's Principles of Feedback (cont.)



Feedback should be:

- based on first hand observation
- regulated in quantity
- limited to remediable behaviors
- Feedback should deal with decisions or actions, rather than assumed intentions or interpretations
- Effective feedback = no surprises on the Evaluation



Scenario...

You, the PD, are eating lunch (and typing out emails, responding to phone calls, etc.).

A faculty member stomps into your office and wants to talk to you about resident A.

Resident A is a second year IM resident. Faculty member says he has been showing up late for work, does not appear to know what is going on with his patients.

Faculty member has not spoken to this resident about these issues.



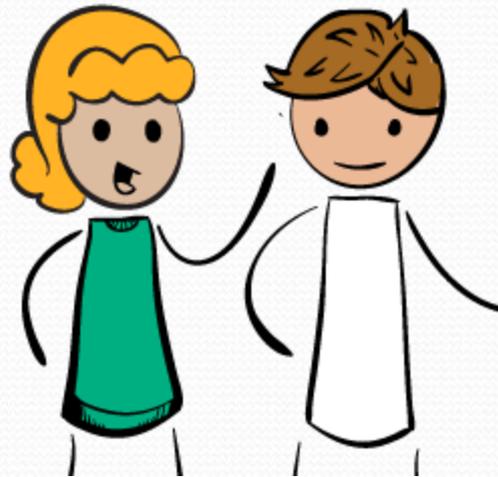
Scenario...

What do you do??



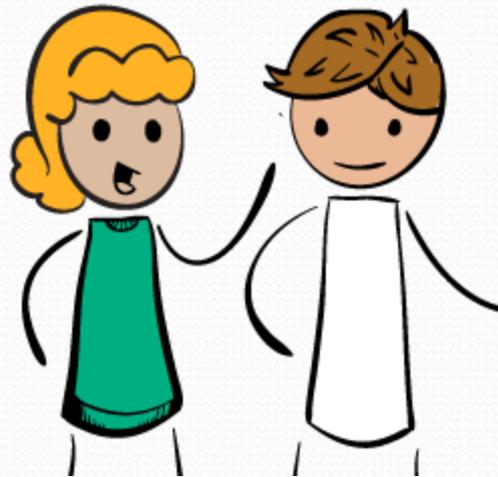
Scenario 2

2 Volunteers???



Scenario 2

Your Turn,
Program Directors/Observers...



Why all the fuss?

- Learners who get **effective** feedback:
 - do significantly better; clinical skills are enhanced¹
 - develop better judgment
 - learn faster
- Learners rate feedback as one of most important qualities of a good teacher
- Most learners want more feedback on clinical skills
- Feedback helps everyone

¹ Hudson JN, Bristow DR. *Adv Physiol Educ* 2006;30;33

² Pettit J. 2011. *MedPortal*

What are the Barriers to Feedback?



What are the Barriers to Feedback?

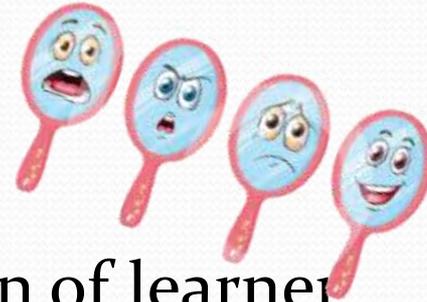
- **TIME**
- Little or no instruction for teacher
- Failure to obtain the data
 - Inadequate direct observation
- Learners' readiness to hear feedback
- Anxiety about impact on Trainee
- Concern will damage Fellow-Trainee relationship or have effects beyond its intent
 - Concern about not being 'popular'
- It can be challenging to do well

Consequences to NOT Providing Feedback?

- Poor performance remains uncorrected
- Good performance not reinforced
- Trainees generate own feedback based on cues (accurate or not)
- Trainees learn by trial & error at patients' expense
- Delays information about substandard performance until evaluation at end...or never
- May convey attitude of disinterest in trainee's progress & development

Bonus Feedback Tips...

- Have trainee self-assess first
- Use defined objectives as guide
- Base feedback on direct observation of learner
 - Focus on specific performance, decisions, actions
 - “Your performance is quite good, but it would benefit from...”
- Invite two-way feedback



Reminder to Learners!

Feedback is **not** criticism.

Feedback does not mean you are a **bad** student, resident or teacher. It is a sign of your teacher's investment in your learning and in making you a better physician.



Day 1 (and ongoing)

- Outline Expectations
 - Enhances team function
 - Ensures all learners understand your expectations
- Communicate goals & identify learning objectives for Rotation
 - *What do you wish your Resident/Faculty had told you the first day of your clerkship?*
 - What do you want your learners to leave your rotation being able to do?
- Review Schedules

Day 1 (and ongoing)

- Delineate learners' roles
- Outline expectations for Pt. Presentations
 - New vs. Follow-up Patient
- Plan Feedback - Alert trainees to the “F” word
 - “Feedback Fridays”

Evaluation

- A qualitative judgment
- Answers the question “How well...?”
- Evaluation is typically summative
 - Interim grade
 - Final grade
- Effective expectations/objectives = effective feedback = no surprises on the Evaluation

Likert vs. Competency-based Milestones Evaluations

Frustrated!?





Likert vs. Competency-based Milestones Evaluations

Strengths?

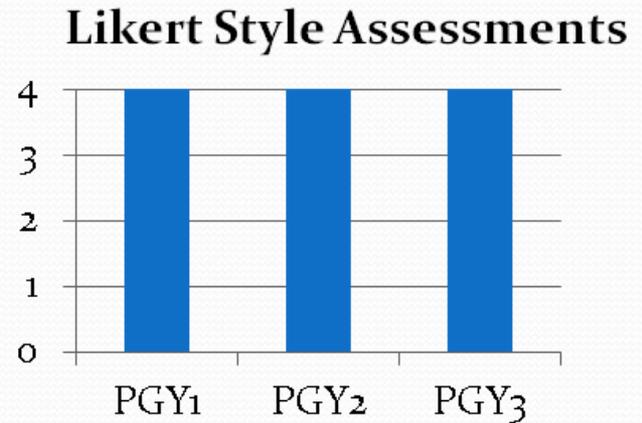
Weaknesses?

Likert vs. Competency-based Milestones Evaluations

Strengths?

- Provides more stratified illustration of development across years
- Discourages “grade” inflation
- ?
- ?

Weaknesses?



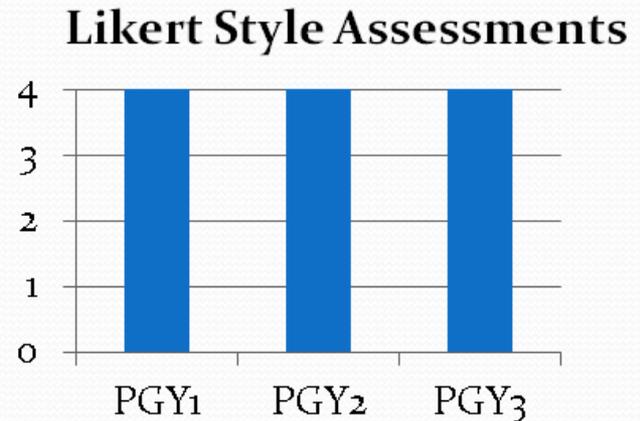
Likert vs. Competency-based Milestones Evaluations

Strengths?

- Provides more stratified illustration of development across years
- Discourages “grade” inflation
- ?
- ?

Weaknesses?

- Requires TIME
- Can be cumbersome to read through
- ?
- ?



Likert vs. Competency-based Milestones Evaluations

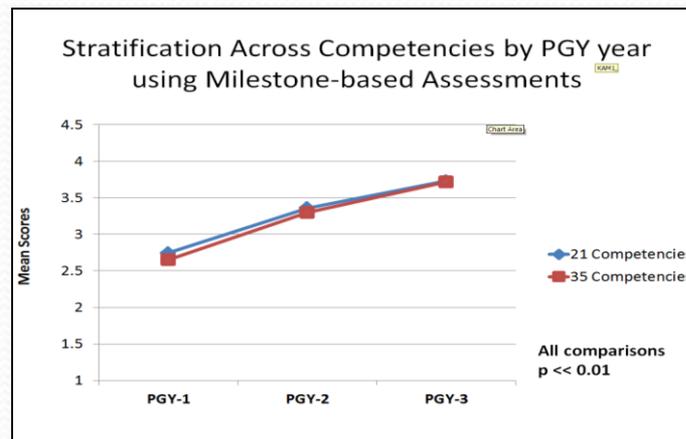
The Good News...

- Average score for PGY1s was significantly higher on Likert-type scales vs. Milestones-based scales
- Stratification was NOT observed on Likert-based Evaluations, but WAS on milestones-based Evaluations.

Table 1: PGY-1 Mean Scores on Likert vs. Milestone-based Evaluations

	Mean (n) Likert	Mean (n) Milestones	p-value
ICS-1	3.99 (92)	3.06 (73)	<<0.01
PC-1	3.60 (88)	2.93 (74)	<<0.01
PC-4	3.55 (91)	2.87 (59)	<<0.01

As predicted, significantly lower scores for interns using new Milestone-based evaluations as compared to old Likert-type evaluations.



Likert vs. Competency-based Milestones Evaluations

Therefore...

- Initial results indicate that Milestone-based Evaluations better illustrate resident progression.
- Improvement from Likert-type Evaluations
- Average PGY-level scores from Milestone-based Evaluations may provide benchmarks for determining which trainees are not progressing at the expected pace.
- Suggests that faculty development efforts were successful.

As Always...

- Qualitative feedback on an ongoing basis AND on evaluations are most valuable

SUMMARY

- Feedback is different from Evaluation
- Feedback and Evaluation are key to effective learner development
- Milestone-based evaluations can help show graduated developmental progression across PGYs



Questions??



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References

- Bartlett K, Whicker SA, Bookman J, Narayan AP, Staples B, Hering H & McGann K. (2015) Milestone-Based Assessments Are Superior to Likert-Type Assessments in Illustrating Trainee Progression. *Journal of Graduate Medical Education* 7:1, 75-80.
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- Skeff, K. M. (1988). Enhancing teaching effectiveness and vitality in the ambulatory setting. *Journal of General Internal Medicine*, 3, S26-S33.