

Giving Feedback to Learners

Learning Objectives

- 1) Reflect on the challenges of giving feedback to learners
- 2) Identify specific strategies for overcoming challenges to giving learner feedback in the geriatrics and palliative care setting
- 3) Practice skills for giving feedback using a structured approach (OSCE)



Definition of Feedback

Informed, non-evaluative, objective appraisal of performance intended to improve clinical skills

- It is formative = designed to improve future performance
- It is NOT summative = designed to evaluate past performance



Why give feedback?

- Encourages self-reflection
- Helps learners learn to identify their own learning needs

**In the absence of explicit feedback,
people “infer”**



Challenges





Why is it difficult to give feedback?

- Fear that it's demoralizing
- Difficult to find a quiet, private place
- Worry that it compromises a safe learning environment
- Worry about resentment, bad evaluations, reprisal
- Time consuming
- Skepticism that it leads to change
- Belief that it's not important
- Knowledge or skills deficit
- Goes against a culture of praise
- ***Worry about emotional response, e.g., anger, sadness, defensiveness, humiliation***

The evidence shows faculty are ambivalent about giving feedback.

- Identify it as an important skill
- Do not feel equipped to give it
- Identify many barriers
 - Lack of time
 - Reluctance to give negative feedback
 - Belief that feedback does not change behaviors
 - Fear of retribution/bad evaluations
- Hesitate to evoke emotional reaction?



Students are ambivalent about receiving feedback.

- What they say
 - They value feedback.
 - They identify it as a mark of good teaching.
 - Second only to clinical competence in good preceptors
 - Top indicator of clerkship quality
- What they feel
 - Less favorable feedback is less accurate.
 - Greater satisfaction with compliments



Why do we persist?

Feedback leads to good outcomes.

- Increased learner satisfaction
- Improved clinical performance
- Improved accuracy of self-assessment
- Improved patient satisfaction

Give feedback using a modified SPIKES.

Breaking Bad News (SPIKES)

Set up the interview

Assess **P**erception

Obtain an **I**nvitation

Give **K**nowledge and information to the patient

Address the patients **E**motions with empathic responses

Strategize and **S**ummarize

Giving Feedback

Private, safe environment, timing

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Diagnose the learner:
a curiosity approach



Diagnose the learner by asking for learner reflection

- *How does the learner think the encounter went?*
- *Where there certain things s/he thinks went well?*
- *Were there things s/he struggled with?*



Generate a differential diagnosis for the learner who lacks insight.

- Knowledge or skill deficit
- Mood disorders
- Family issues
- Learning disability
- Substance abuse
- Cultural differences

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Assess P erception	Diagnose the learner: a curiosity approach
Obtain an I nvitation	→ Warning shot: Can I give you some feedback on what I observed?
Give K nowledge and information to the patient	
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Comment on the behavior rather than the individual.

- Behavior: *“You listened to the patient and responded with empathy when she seemed sad.”*
- Individual: *“You’re a kind clinician.”*

Address whether the learner met the performance standard.

Comment on what went well so that those behaviors can be repeated.

“You reviewed the discharge plan clearly and arranged follow-up for the patient. This is an example of really excellent patient care.”

Describe the gap between what was observed and what is expected.

“I noticed your phone rings frequently and interrupts you when you are talking with patients. Can you silence it when you are in a patient interview?”



Make the case for change

- Direct approach:

“When you arrive late, the team feels that you do not respect their time”.

- “I worry...”

“Your notes contain a lot of information and I worry that the important recommendations get lost.”

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Strategize and S ummarize	Make an action plan about what the learner will think about next time and follow-up

