

Office of Educational & Faculty Development
University of Manitoba

Giving Feedback

CPSM Auditor Training Workshop Fall 2020

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No Conflicts of Interest to Declare



Learning Objectives

By the end of the session participants will be able to

Describe 4 basic steps for delivering feedback

Identify effective strategies to overcome barriers to giving feedback

Describe how to manage reactions to difficult feedback

Feedback - Definition

Providing **specific information** about **performance**

- Comparing performance to a **standard** (e.g. CPSM)
- Given with the intent to **improve** performance

Van de Ridder, Stokking, McGaghie, & ten Cate (2008)

Why Feedback?

Improves clinical performance

- Reinforces positive behaviours
- Corrects undesirable behaviours

Decreases anxiety about performance

- Without feedback, formal tests become overly important
- Improves self-assessment

Feedback – Your Experiences

What is the ‘most memorable’ feedback you have received?

Was it helpful?

What did you learn from it?

Did you change as a result?

Culture & Feedback

-influenced by culture, values, expectations, personal history, relationships, and power.

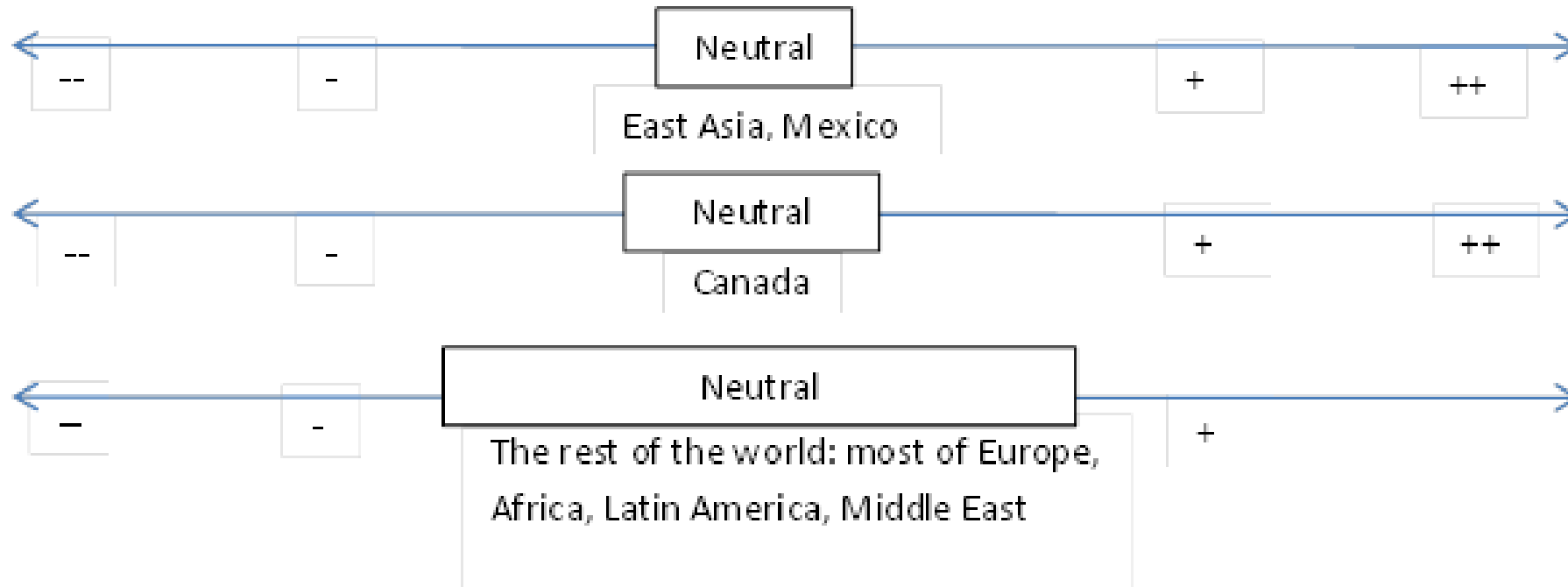


Figure: How different cultures view feedback

Lionel LaRoche, 2013, presentation at UofM Bannatyne Campus

Four Steps to Giving Feedback

1. Identify the performance issue.
2. Lay the groundwork for effective feedback.
3. Use a feedback framework.
4. Understand the individual's perspective and respond.

Identify the Performance Issue

What is really going on?

- SOAP framework
 - Tool for diagnosing clinician in difficulty

Identify the Performance Issue

Subjective

- What do you/others think and say?

Objective

- What are the specific behaviors that are observed?

Assessment

- Your Differential Diagnosis

Plan

- Gather more data? Solve? Get help?



Subjective

Is your overall impression of the problem

- May include feedback from others
- Can include labels.... 'lazy', 'slow', 'disinterested' , 'angry' etc.

Does the clinician see a problem?

Objective

Note **SPECIFIC BEHAVIORS** indicating a potential problem

- 'poor documentation of patient encounters'
- 'incomplete order sheets on hospital charts'
- 'missing information regarding physical exam'
- 'no follow up noted in chart'

Be as *specific* and *detailed* as possible

Assessment

Differential Diagnosis

- ? Knowledge or reasoning ?
- ? Emotions ?
- ? Values ?
- ? Environmental ?
- ? Medical ?

Plan

Gather more data?

- Look at more charts?
 - Observe and record
 - Are there patterns?

Discuss with individual

Contact College/Advisor, etc

Lay the Groundwork

Build an environment of support and trust

Plan ahead and negotiate

Elicit self assessment

Choose appropriate time and place

Focus on the positive, not just the negative

Select specific changeable behaviours

Include follow-up plans

- Or ideas to support change

Use a Feedback Framework

1. ARCH
2. Bayer
3. R2C2
4. PNP sandwich

ARCH Framework for Feedback

- **A:** Ask for self assessment
- **R:** Reinforcement of what was done well
- **C:** Correct
- **H:** Help the person with a plan for improvement

Bayer Model of Feedback

Continue...

Comment on aspects of performance that were effective. Be specific and describe impact. Highlight things you would like to see done in the future.

Start, or do more...

Identify behaviour the learner knows how to do and should do, or do more often.

Consider...

Highlight a point of growth for the learner, a “doable” challenge for future interactions.

Stop, or do less...

Point out actions that were not helpful, or could be harmful. Be specific and indicate potential impact.

R2C2 Model



PNP Sandwich

Positive

Negative

Positive

Use with Care!!

Characteristics of Effective Feedback

- Descriptive and non-judgmental
- Given at mutually agreed time and place
- Timely
- Specific in nature
- On changeable behaviors
- Limited to 2-3 areas

Examples of Feedback

Judgmental: “You are sloppy.”

Neutral: “There were some omissions in the charts that I’d like to discuss.”

Judgmental: “You are too shy.”

Neutral: “When you are asked for input you don’t speak up.”

Vague/Evaluative: “Your differential was inadequate.”

Descriptive/Non-evaluative: “The differential did not include the possibility of disease X.”

Vague/Evaluative: “You did a great job.”

Descriptive/Non-evaluative: “Your charts are appropriately detailed, inclusive and provide confidence in good patient care.”

Constructive Feedback

Formative

- Keep doing that - reinforcing
- Improvement needed - corrective

Guidance

- How to improve

Elaborative

- Why that was good
- Why improve

Sargent, et al., 2017

Four Steps to Giving Feedback

Identify the performance issue.

Lay the groundwork for effective feedback.

Use a feedback framework.

Understand the individual's perspective and respond.

Consider this Chart Note

Consider this Chart Note:

- **S:** Foster Mother reports patient has sore ear and ++crying. Attended walk in clinic yesterday. Mother reports not filling Rx for patient for Dx Otitis Media by MD at walk in clinic yesterday.
- **O:** Crying child: pulling on ear; painful red ear drum
- **A:** 18 month old child with Otitis Media; mother non-compliant with Rx
- **P:** Reinforced need to follow MDs order and be compliant with Rx. F/U in one week.

What *Questions* do you have about this visit?

What's on your differential in terms of 'performance issue(s)'

Further Information

Upon exploring this visit in the discussion with the physician:

This is the first time he/she is seeing this family.

You find out that this is foster mother with a new child placed in her care. Mom doesn't have a full medical history on the infant yet. The infant is 6 months old.

The physician's main concern seems to be about the mom not following the walk-in MD's prescription for an antibiotic (non-adherence). He did not do a full ear exam. He also expresses frustration with what he perceives as 'double doctoring' and wasting resources.

What feedback might you need to give?

- **How would you approach this**

Offering Difficult Feedback

Come right to the point

Give feedback directly and compassionately

Describe benefits of making change

If the news is irreversible let the person know this

Time for Practice

In groups of 2-3

- One auditor, one practicing physician, one observer
- Read role play instructions
 - Both read chart audit report
 - Auditor discuss with physician
- Debrief with Group

Debrief Role Play 1

How did that go?

What went well?

What was difficult?

Reactions to feedback

Blaming - "It's not my fault. What can you expect when the patient won't listen?"

Denial - "I can't see any problem with that"

Rationalisation - "I've had a particularly bad week" "Doesn't everyone do this?"

Anger - "I've had enough of this"

What to do?

Name and explore the resistance - "You seem bothered by this. Help me understand why"

Keep the focus positive - "Let's recap your strengths and see if we can build on any of these to help address this problem"

Try to convince the person to own one part of the problem - "So you would accept that on that occasion you didn't chart enough detail?"

What to do?

Allow time out - "Do you need some time to think about this?"

Explore the resistance to understand it - "Help me to understand more about why you feel so angry"

Keep the responsibility where it belongs - "What will you do to address this?"

Time for Practice

In groups of 2-3 – switch roles from last role play

- One auditor, one practicing physician, one observer
- Read role play instructions
 - Both read chart audit report
 - Auditor discuss with physician
- Debrief with Group

Debrief Role Play 2

How did that go?

Did anything change from the first role play?

Was it better?

What would you change next time?

Feedback Barriers

What are barriers to giving and receiving feedback?

Feedback Barriers

Giving

- Limited time
- Haven't observed receiver of feedback
- Relationship (or lack of) with receiver
- Incomplete data on performance
- Conflicting data on performance
- Communication factors (tone, word choice etc)
- Emotion
- Not well thought out; not focused
- Respect

Receiving

- Limited time
- Potential consequences of judgement
- Saving face / Identity
- Defensiveness
- Lack of trust
- Misunderstanding e.g. differing views on expectations
- Weak self assessment skills
- Respect

Strategies to Address Barriers

- Use feedback framework – particularly ask for learner self assessment
- Use non judgmental/descriptive language – helps diffuse defensiveness
- Be clear / direct – minimize misunderstanding
- Ask for learner understanding

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References

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