Delivering Effective Feedback

CPSM Auditor Training Workshop

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Objectives

- Apply effective feedback practices
- Using results of a practice audit, give feedback to a colleague
- Describe how to manage reactions to difficult feedback

Your learning goals...

In chat, please share one or two learning goals that you were hoping to achieve today.

Feedback - Definition

Information communicated to a person about their performance to enhance knowledge, develop skills, or improve performance with a **goal of guiding and improving future efforts.**

Feedback works!

Improves clinical performance

Reinforces positive behaviours

Corrects undesirable behaviours

Decreases anxiety about performance

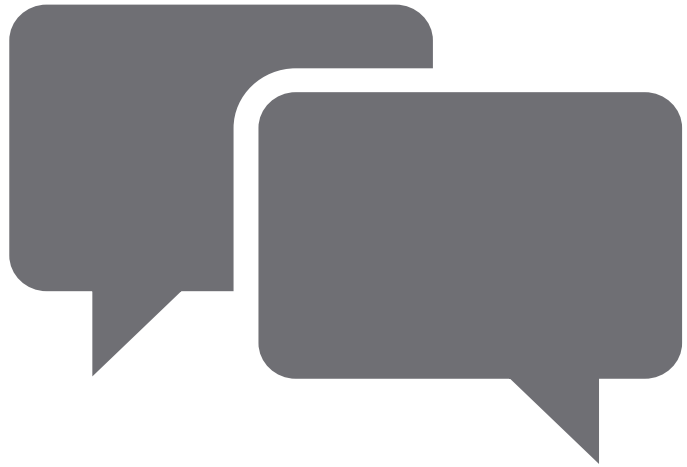
Improves self-assessment

(Telio, Ajjawi, & Regehr, 2015).

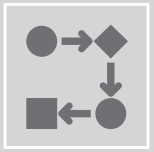
Feedback – Your Experiences

What was the most helpful feedback you ever received?

- Why was it helpful?
- What did you learn from it?
- Did you change as a result?



Components of Effective Feedback



Constructive

Keep doing that - **reinforcing**

Improvement needed - **corrective**

Guidance

How to improve

Elaborative

Why that was good

Why improve

(Sargent, et al., 2017)

A bit more about effective feedback

Effective formative feedback is:

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

(Ende, 1983)

Descriptive and Non-judgmental

- **Judgmental**: "Your charting was sloppy."
- **Descriptive**: "There were some omissions in the charts that I'd like to discuss."
- **Judgmental**: "You must not value patient input."
- **Descriptive**: "Your documentation of the patient's story seems to be limited."

- **Vague/Judgmental**: "The differential your documented was inadequate."
- **Descriptive/Non-judgmental**: "The differential you documented did not include the possibility of disease X."
- **Vague/Evaluative**: "You did a great job on this note."
- **Descriptive/Non-judgmental**: "Your charts are appropriately detailed in terms of your treatment decisions, current prescriptions, allergies, and follow-up activities. They provide confidence in good patient care."

Common Feedback challenges

(Telio, Ajjawi, & Regehr, 2015).

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 threat
- Defensiveness
- Lack of trust
- Misunderstanding e.g., differing views on expectations
- Weak self assessment skills
- Respect

Culture & Feedback

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

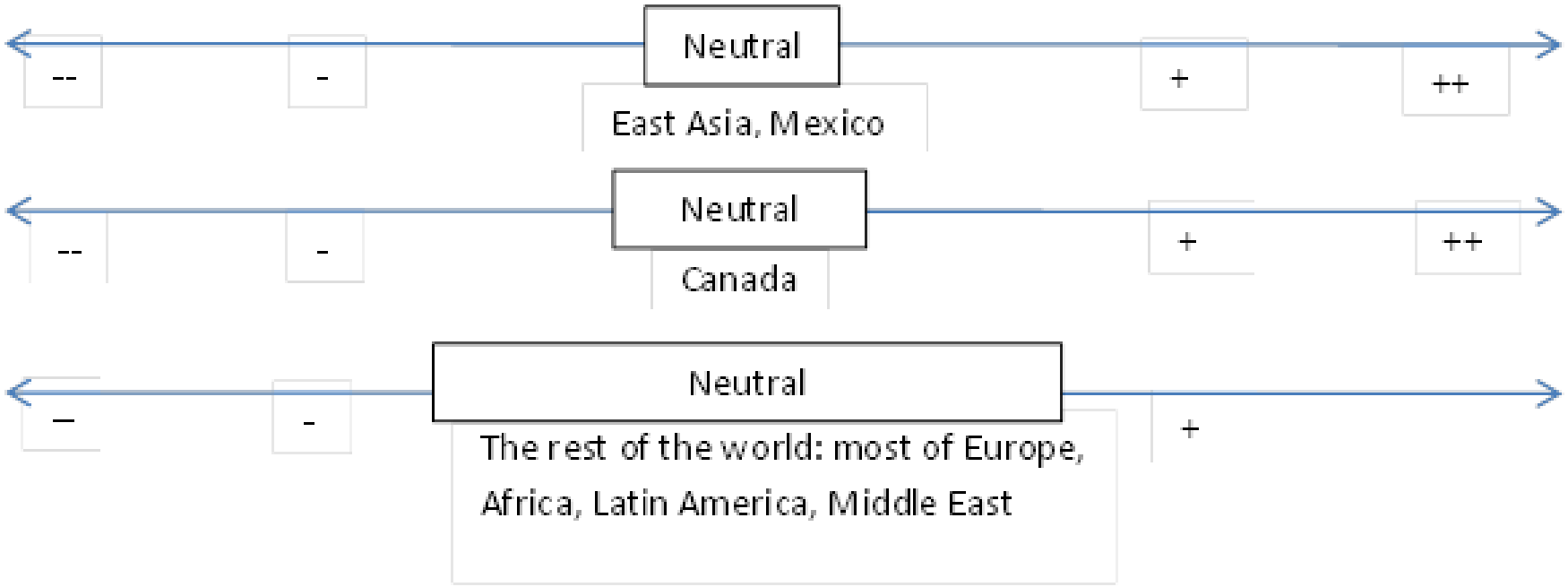


Figure: How different cultures view feedback

Lionel LaRoche, 2013, presentation at UofM Bannatyne Campus

Strategies to Address Barriers

- **Use feedback framework** – particularly ask for self assessment
  - "What are your areas of strength ?"
  - "What are areas for improvement or suggestions for improvement?"
- **Use nonjudgmental/descriptive language**
  - Helps diffuse defensiveness
- **Be clear/direct -**minimizes misunderstanding
- **Check for understanding**

(Telio, Ajjawi, & Regehr, 2015).

Giving feedback The RX-OCR Model

RAPPORT (*and* RELATIONSHIP)*

EXPECTATIONS*

OBSERVE (review the chart)

COACH (give feedback)

Explore reactions and reflections*

RECORD

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Build rapport and relationship

- Establish your credibility and role
- Build an environment of trust

  Rapport building
- Elicit their ideas on the areas for Improvement
- Be constructive
- Include areas they are doing well
- Offer suggestions to help with improvement

Clarify expectations

Your role as auditor

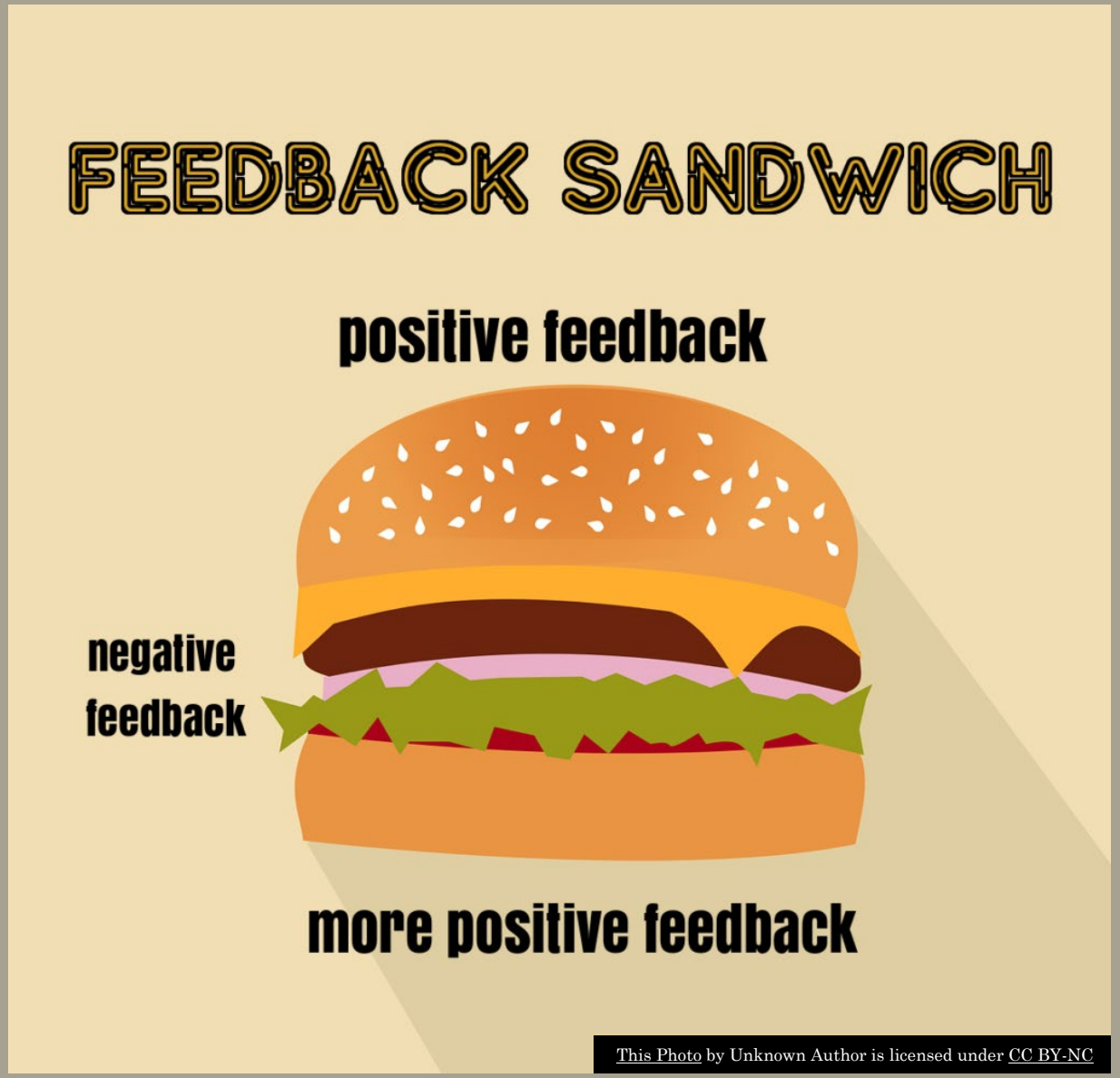
Audit process

Typical audit outcomes

- College role

Coach: ARCH framework

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

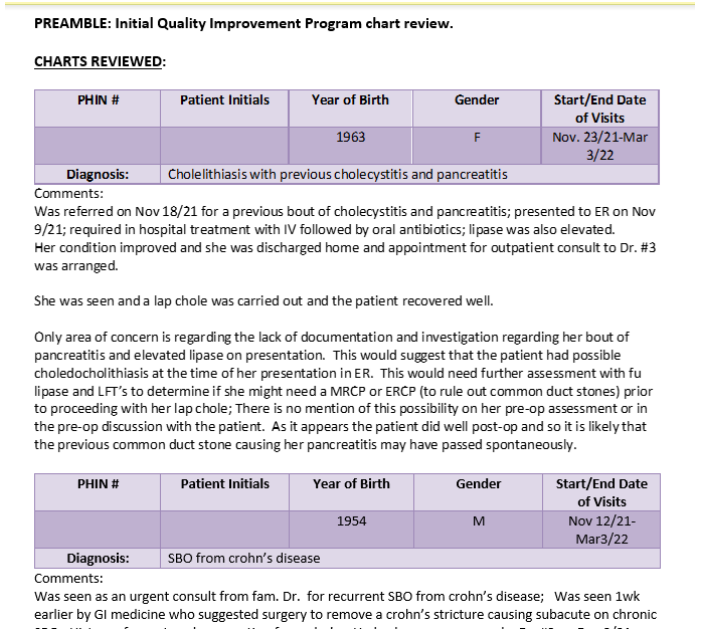


PNP Sandwich

Use with Care!!

Identify the Performance Issue(s)

- What **patterns** or **area for discussion** have you identified in the chart audit?
  - Data collection (Hx/Px)?
  - Diagnosis?
    - Reasoning?
  - Treatment planning or practices?
    - Referrals
    - Prescribing
    - Follow-up
  - General documentation?
  - Other?



PREAMBLE: Initial Quality Improvement Program chart review.

CHARTS REVIEWED:

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1963	F	Nov. 23/21-Mar 3/22
Diagnosis:	Cholelithiasis with previous cholecystitis and pancreatitis			

Comments:
Was referred on Nov 18/21 for a previous bout of cholecystitis and pancreatitis; presented to ER on Nov 9/21; required in hospital treatment with IV followed by oral antibiotics; lipase was also elevated.
Her condition improved and she was discharged home and appointment for outpatient consult to Dr. #3 was arranged.

She was seen and a lap chole was carried out and the patient recovered well.

Only area of concern is regarding the lack of documentation and investigation regarding her bout of pancreatitis and elevated lipase on presentation. This would suggest that the patient had possible choledocholithiasis at the time of her presentation in ER. This would need further assessment with fu lipase and LFT's to determine if she might need a MRCP or ERCP (to rule out common duct stones) prior to proceeding with her lap chole; There is no mention of this possibility on her pre-op assessment or in the pre-op discussion with the patient. As it appears the patient did well post-op and so it is likely that the previous common duct stone causing her pancreatitis may have passed spontaneously.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1954	M	Nov 12/21-Mar3/22
Diagnosis:	SBO from crohn's disease			

Comments:
Was seen as an urgent consult from fam. Dr. for recurrent SBO from crohn's disease; Was seen 1wk earlier by GI medicine who suggested surgery to remove a crohn's stricture causing subacute on chronic

Time for Practice: Role Play

- In your groups: Role Play
  - Use Chart review form and script scenario from a case of your choosing (auditor, reviewee)
  - In small groups (breakout room)
- Two Volunteers
  - 1 person play the Auditor (read related script scenario)
  - 1 person play the Reviewee (read related script scenario)
- Auditor discuss/provide feedback with Reviewee
- Rest of group observe / provide coaching
  - What worked?

Debrief

- **What went well?**
- **What didn’t go well?**
- **Would you change how you gave feedback next time?**

Reinforcing Feedback

- “The cumulative profile that you compile for patients in the chart is helpful. As is the documentation you provide in the notes about the reports you receive about your patients. Those are great.“
  - (specific and reinforcing)
- “The cumulative profile is especially helpful for keeping track of chronic problems.”
  - (elaborative - nonjudgmental and reinforcing)
- ”The next step for you is to improve the charting so that other care providers can be equally responsive to the patients.”

Corrective Feedback

- “I noticed you didn’t follow the SOAP format in your charting. In one case very little subjective information was documented. Can you tell me about this?”
  - (specific, encourages self assessment)
- “It’s important to use a framework, like SOAP, as it helps ensure that all the relevant information from an encounter is documented.”
  - (elaborative - nonjudgmental, forces self evaluation)
- “Is there anything you could do to remember this next time for a similar situation?”

Reinforcing Feedback

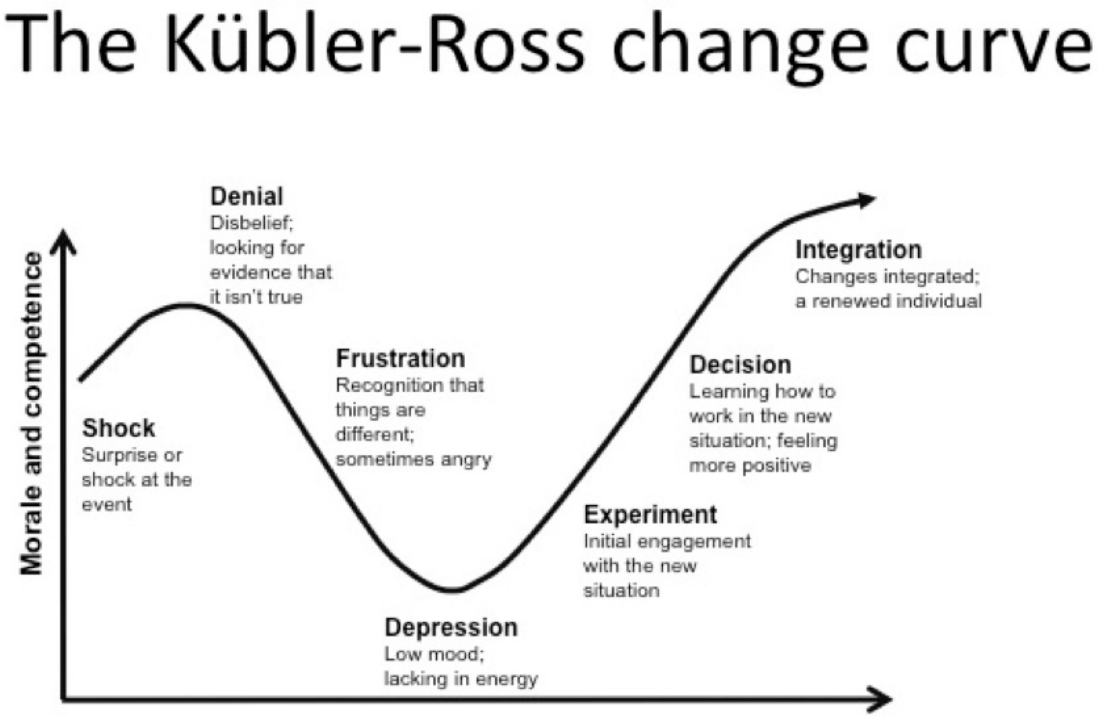
- “It looks like you are managing coronary heart disease and hypertension well. That’s great.“
  - (specific and reinforcing)
- “These are common conditions in geriatric populations, so keeping on top of the guidelines for management is important.”
  - (elaborative - nonjudgmental and reinforcing)
- ”The next step for you is to improve the charting so that other care providers can be equally responsive to the patients.”

Corrective Feedback

- "I noted that you were using Benzodiazepines in 2 of the 3 geriatric charts I reviewed, and there wasn't any documentation of discussion of risks or tapering. Can you tell me about that?"
  - (specific, encourages self assessment)
- "It's important explore the risks of these drugs with patients and have plans for tapering in place when starting the prescription, as the benefit of these drugs in this population decreases over time when compared to the risk of overdose and addiction."
  - (elaborative - nonjudgmental, forces self evaluation)
- "What could you do to remember this next time for a similar situation?" "You should consider reviewing the CPSM guidance"

Challenging 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 was really busy that day“
  - "Doesn't everyone do this?"
- **Anger**
  - "I've had enough of this"



Power & perceived threats

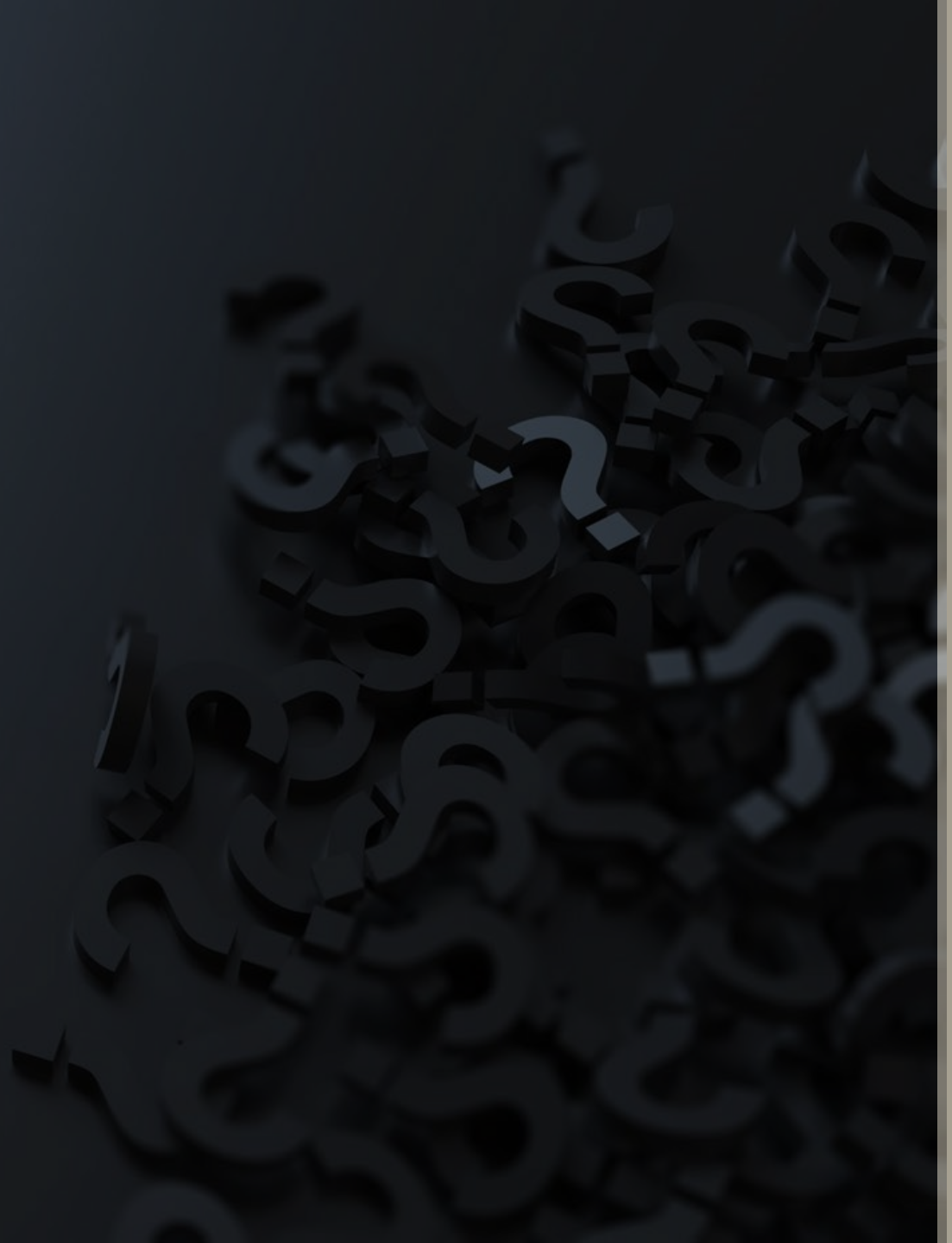
Offering Difficult Feedback

- Come right to the point
- Give feedback directly and compassionately
- Describe benefits of making change
- Allow time to respond

What to do?

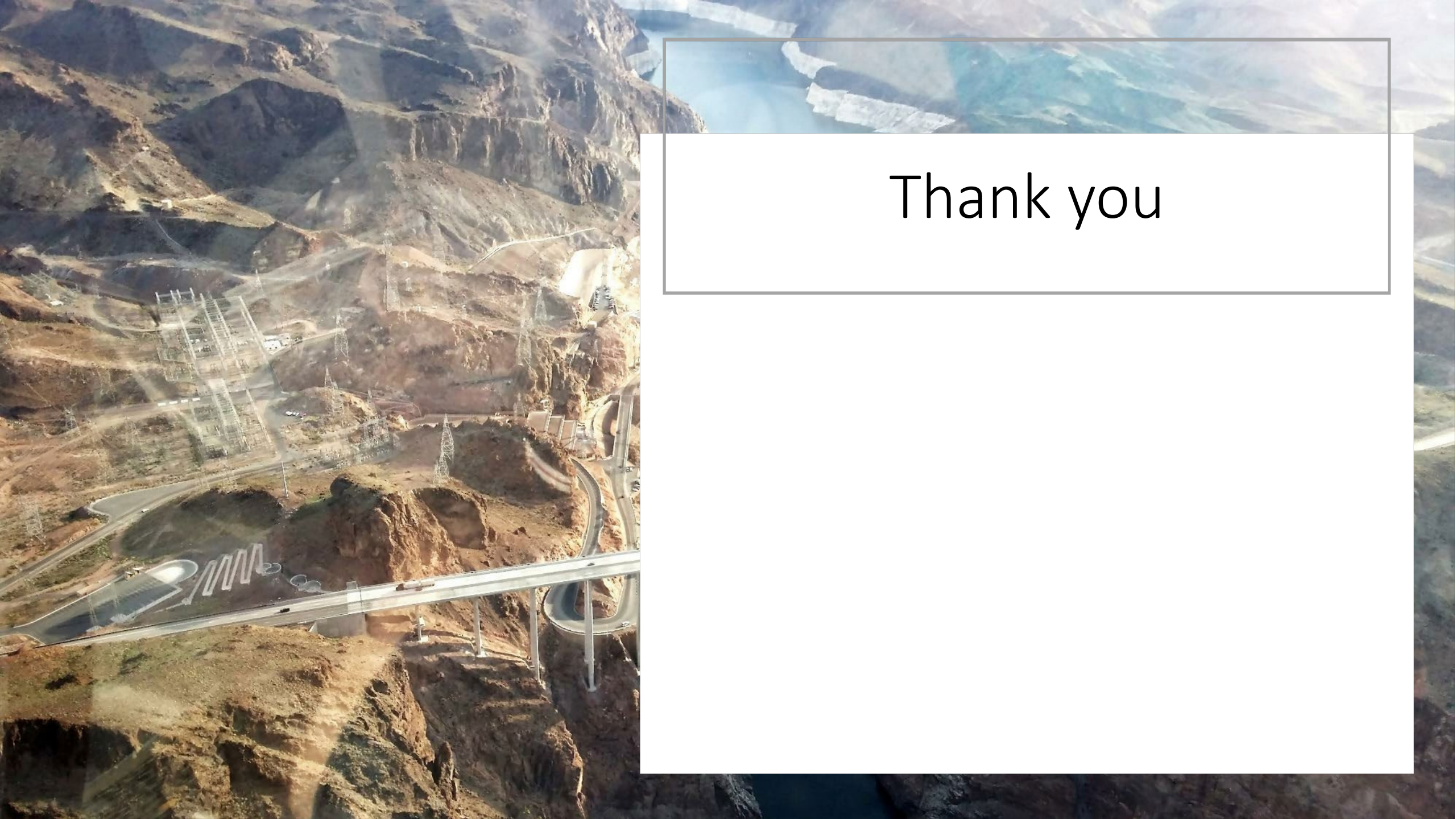
- **Name and explore the resistance** - "You seem bothered by this. Help me understand why"
- **Keep the focus positive** - "Let's recap your strengths and see if we can build on any of these to help address this problem"
- **Try to convince the person to own one part of the problem** - "So you would accept that on that occasion you didn't chart enough detail?"
- **Negotiate**
  - "I can help you with this issue, but first I need you to commit to ..."
- **Allow a time out**
  - "Do you need some time to think about this?"
- **Keep the responsibility where it belongs**
  - "This is an issue that needs addressing. What could you do to address this next time?"
- **Get Help**

Questions?



Summary

- Feedback is a dynamic conversation
  - Using a framework can help ensure we incorporate all components
- Feedback is a skill, it gets easier with practice
- Feedback is the key to practice improvement



Thank you

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