Ongoing Feedback Throughout A Clerkship

AWARE Retreat, 6/2012
Drs Doug Paauw, Genevieve Pagalilauan and Jenny Wright
Outline

• Introduction: Feedback vs Evaluation
• Feedback: Moving past the barriers
• Tools for giving effective feedback
• Mid-clerkship and end of clerkship feedback
• Small groups cases
• Discussion
Feedback

- Formative
- Mutual goals
- Observed/objective
- Timely
- Neutral
• Every day examples:
  Feedback on a presentation
  Did the student gel/handwash?
  Words chosen when talking to a patient
  Technique used during a physical exam
  Timeliness to rounds or clinic
  Students appearance
Evaluation

- Judgment, grade
- Summative vs. formative
- Established standards
- Competency
- Formal, documented
- Consequences
- After the fact
Feedback Matters

• Receiving feedback is reported by students as being a component of high-quality teaching (1)
• Studies indicate that high-quality feedback can improve student skills (2,3)
• Meet ACGME core competencies
  – Patient care
  – Medical knowledge
  – Practice-based learning and improvement
  – Interpersonal communication skills
  – Professionalism
  – Systems based practice

1. PMID: 16186616
2. PMID: 16869919
3. PMID: 2716557
Feedback Barriers

• Praise feels better (1)
• Time intensive
• Effort intensive
• Difficult content
  – Communication
  – Attitude
  – Professionalism
• Lack of privacy
• Student’s evaluation of you

1. PMID: 16869919
Biggest Barrier to Feedback?

Lack of observation or attention
Ideal Feedback

• Safe location
• Expected/learner ready to hear
• Live time or close to it
• Interactive
• Specific with examples
• Objective not emotional
  – Focus on changeable behaviors, not the person
• Right amount
• Plan for improvement and follow-up
# Feedback Standard Approach

<table>
<thead>
<tr>
<th>Standard Approach</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a friendly, open-minded, unthreatening environment</td>
<td>GLEAM tool</td>
</tr>
<tr>
<td>Base feedback on mutually agreed upon goals</td>
<td>Goal setting</td>
</tr>
<tr>
<td>Triage</td>
<td>Pick the most important issue to address at that time</td>
</tr>
<tr>
<td>Choose an appropriate timing and location for feedback</td>
<td>The more immediate the better</td>
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<tr>
<td>Elicit the learner’s self-assessment</td>
<td>“How do you think you visit with Mr Hick’s went?”</td>
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<tr>
<td>Identify</td>
<td>“I would like to give you some feedback”</td>
</tr>
<tr>
<td>Feedback</td>
<td>Tools to come...</td>
</tr>
<tr>
<td>Remediation plan/follow-up</td>
<td>Variable</td>
</tr>
</tbody>
</table>
The Toolkit

• Orientation
  – GLEAM
  – Goal setting

• Daily feedback
  – Learning prescription
  – Clinical encounter cards
  – Feedback sandwich/Ask-Tell-Ask
  – 1 minute preceptor
  – Electronic feedback
GLEAM

- **G**: Goals
  - What **Goals** or expectations do you have for this rotation?
- **L**: Learning
  - How do you **Learn** most effectively?
- **E**: Experiences
  - What patient/clerkship **Experiences** have been meaningful for you? What patient/clerkship experiences have been challenging?
- **A**: Activities
  - What **Activities** (roles/responsibilities) do you have outside of medicine?
- **M**: More
  - Is there anything **More** I should know about you to help make this an optimal learning experience for you?
Goal Setting

- Identify/Prioritize Goals
- Identify Barriers
- Create Action Plan
- Assess Progress
- Reflection
Learning Prescription

• Students encouraged to give to residents and attendings
• Can improve quantity, still dependent on teacher to give high quality feedback
  – Specific in both the behaviors and their recommendations

Learning Prescription
Your Institution
Your Department
________________________________________________________________________________
For________________________ Date:___________
Two things the student did well:
1. 

2. 

Two things student should work on:
1. 

2. 

_____________________________ MD

PMID: 12620568
Clinical Encounter Cards

### Classic

<table>
<thead>
<tr>
<th>Date</th>
<th>Clerkship Encounter Card</th>
<th>Student Name</th>
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</thead>
<tbody>
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</tbody>
</table>

**Type of Encounter**
- Observed History
- Observed Physical Exam
- Oral Presentation
- Written Presentation
- Assessment Skill
- Management Plan

**Level of Performance**
- Below Expectation
- At Expectation
- Above Expectation

**What needs improvement?**
Other comments (turn over):

**Attending:**
Clerkship encounter card.

### New and Improved

<table>
<thead>
<tr>
<th>Date:</th>
<th>Learner:</th>
<th>Teacher:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Domains</th>
<th>Observed Strengths</th>
<th>Observed areas for improvement</th>
<th>Follow up plan</th>
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<tbody>
<tr>
<td>Patient care</td>
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<td>Systems based practice</td>
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PMID: 15646753
Feedback Sandwich

• The classic:
  – Positive
  – Constructive
  – Positive

• Up dated version: Ask - Tell - Ask
  – Ask the learner for their self-assessment
  – Tell them your non-judgemental observations
  – Ask the learner what ideas they have for improvement

UW Teaching Scholars 05-06
One minute preceptor

One Minute Preceptor:
• Get a commitment
• Probe for supporting evidence
• Teach general rules
• Reinforce what was done right
• Correct mistakes
After the visit

• Use technology!
  – Portfolios: Used at UW in the pre-clinical years, have been found to increase quantity of feedback when used during the clinical years as well
  – Email: Great for giving feedback on assessment and management skills.

PMID: 18612728
# The Colleges Portfolio

Welcome Dr. Genevieve Pagalilauan

<table>
<thead>
<tr>
<th>AMCAS Statements</th>
<th>ICM II, Fall 2011</th>
<th>ICM II, Winter 2012</th>
<th>ICM II, Spring 2012</th>
<th>View Past Year's Courses</th>
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Now Viewing: ICM II, Spring 2012

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Email

A 71 year old female presented for a routine exam and a DEXA scan was ordered. As requested the student emails you when the results become available:

Hi Dr Wright,

Ms B’s DEXA results reflect that she has osteoporosis with a T score of -2.7 at the hip, -2.2 at the lumbar spine. She is currently on calcium and vitamin D supplementation and I would like to start her on a bisphosphonate. Should I call her to discuss these results?

Sally Student
Challenges: Professionalism Concerns

• Prepare: Have notes outlining concerns in an objective, factual manner
• Inquire: Let the student tell their side of the story
• Reflect: Allow the student opportunity to reflect and possibly take responsibility (save face)
• Acknowledge: Stresses on medical students
• Permit: Give permission for mistakes and knowledge deficits
• Correct: Set goals/future expectations
The Defensive Student

• Address immediately
• Label their behavior
  – this in an exception to the general rule
Mid-clerkship Feedback

- Summative and formative
- Create a plan for improvement
- Consider keeping a written document
Professionalism:
Qualities to assess under professionalism include:
- Compassion
- Respect
- Integrity
- Altruism
- Responsibility
- Scholarship or Educational attitudes

Students who are examples to others of professional behavior are at the Honors level. Students who are neither superior nor deficient in professionalism can be considered for "High Pass." Students with major deficits who are working to correct them are considered passing. Students with major deficits who fail to correct them despite receiving feedback during the clerkship should fail the clerkship.

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Competent</th>
<th>Strength</th>
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Next Steps: Provide descriptive feedback regarding reporting for student on strengths and areas needing improvement.

Manager and Enhanced Communication skills:
- The student at the Manager/Enhanced Communicator level excels as a Reporter and Interpreter in addition routinely suggesting appropriate patient management issues that show understanding of the disease process and the underlying pathophysiology. They also demonstrate enhanced communication skills which may include:
  - Explain diagnoses, prognosis, and plans to patients in language they can understand.
  - Answer patients' questions, and find the answers to questions when they don't know.
  - Interact with patients and families after the clinic visit or hospitalization.
  - Students who demonstrate Manager and Enhanced communication skills most of the time are at the Honors level. Students who show only one of these skills consistently but not both should be given a final grade of High Pass with mention made of their strengths in the comments.

Next Steps: Provide descriptive feedback regarding management and communication skills for student on strengths and areas needing improvement. (Date of feedback to student)
End of clerkship evaluation

• Ongoing feedback throughout the clerkship will make this an easier experience
• Notes from previous feedback can be very helpful in guiding discussion
• Largely summative but formative feedback here is still valuable
CASES
Case #1

Student presentation:
“Mr LD is hospital day 3, admitted for lower extremity cellulitis in the setting of edema due to portal hypertension. Pt had been getting progressively better with less lower extremity edema and pain until this morning when he was febrile to 38.5. He denies cough, SOB or urinary symptoms.

On physical exam pt is now afebrile, T 37.5, BP 102/80, HR 75. Cardiac and pulmonary exams are normal. Abd is distended, BS+, minimally tender. Lower extremities with 1+ edema to the knees, erythema continues to recede, there’s minimal warmth, and no pain to palpation.

My plan for today is to do a fever workup; we should order blood cultures, a UA and a chest x-ray.”
Case #2

A young female comes to clinic with a prolonged headache in the setting of a history of migraine headaches. Her current symptoms are consistent with a tension HA, there are no red flag symptoms. She was seen in clinic 3 days ago by a resident, NSIADs recommended. The student and patient seem to have good rapport.

Student reports the following plan in the exam room: “My assessment is that Ms X has a HA. I am concerned that she has had a persistent headache without improvement with conservative therapy and I think that we should get an MRI, it really should have been ordered at her last visit.”
Case #3

Ms Y is a 37 yo female with a diagnosis of ADHD and chronic low back pain who presents to establish care in your clinic. As the student presents the patient’s history, use of chronic narcotics and ADHD medications, chaotic social situation and pt’s request for prescriptions for her medications, he is noted to frequently sigh and roll his eyes. He doesn’t acknowledge pt’s tearfulness and emotional distress.
Case #4

You need to give your student feedback that you’re concerned that he isn’t sufficiently pre-rounding on his patients. He frequently doesn’t have key laboratory data available on rounds. The other day when you asked him if a patient had gotten their repeat PM Hct. He had told you that they had and that it was stable, when in fact, the lab hadn’t been drawn.
Case #5

It is the end of your second week working with your student and despite your request that he prepare for clinic prior to arrival and your request to arrive 15 minutes before clinic to discuss the day, he has now failed to do so for the 4th time. You believe that your prior instructions were clear. You want to give him feedback on this but are hesitant as previous on the fly feedback has been met with a hint of defensiveness.