

# Feedback and Evaluation

➤ **March 2008**

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# A Presentation

- I don't know why I had to see this person today.
- A 28yof presenting with chest pain.
- Normal CXR EKG and spiral CT.
- PMHx Irritable Bowel Disease but no test.
- Rash either scabies or syphilis
- Exam: She's fine.....
- ESRD on HD
- Impression: GERD?

# Learning Objectives

- **To understand the potential value of evaluation and feedback.**
- **To grasp the problems associated with the provision of feedback.**
- **To learn techniques used to provide feedback.**

# Feedback - a definition

- Learning by doing in front of a mirror.



# Accuracy of Self-Assessment

- Systematic review
- Electronic databases
- Included if physicians self assessments were compared with external observations
- 17 articles met inclusion criteria
- 20 comparisons made between self and external assessments


➤ *Davis DA JAMA.2006;296(9):1094-1102*

# Accuracy of Self- Assessment

- Results – 13 studies showed little, no, or an inverse relationship between self assessment and results of direct observation.
- Worst accuracy among the:
  - **least skilled**
  - **most confident**

*Davis, DA JAMA 2006;296(9):1094-1102*

# The Importance of Feedback

- Major responsibility of medical educators.
  - The most influential form of learning.
  - Improves learner satisfaction.
  - Improves process of care.
  - Improves patient satisfaction with care.
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# The Importance of Feedback

- **Systematic Review of supervision –**
- **Better supervision was associated with improved outcomes in patient safety and quality of care in surgery, anesthesia, pediatrics, trauma, obstetrics and emergencies.**

- ***Kilminster SM Medical Education 2000; 34:827-840***



# Improving patient satisfaction

- 424 pts completed satisfaction surveys on 68 residents.
- 18 residents with the lowest scores on pt satisfaction surveys were randomized.
- 9 residents showed results of surveys with suggestions for improvement.
- *Cope DW JGIM 1986; 1:394-398.*

# Non-Feedback Group

<i>Satisfaction Scale Item</i>	<i>Before Intervention</i>	<i>After Intervention</i>
<b><i>Art of Care</i></b>	4.17	4.43*
<b><i>Technical Quality</i></b>	4.10	4.33*

\*P<.05

# Feedback Group

<i>Satisfaction Scale Item</i>	<i>Before Intervention</i>	<i>After Intervention</i>
<b><i>Art of Care</i></b>	4.1	4.75*
<b><i>Technical Quality</i></b>	4.07	4.70*

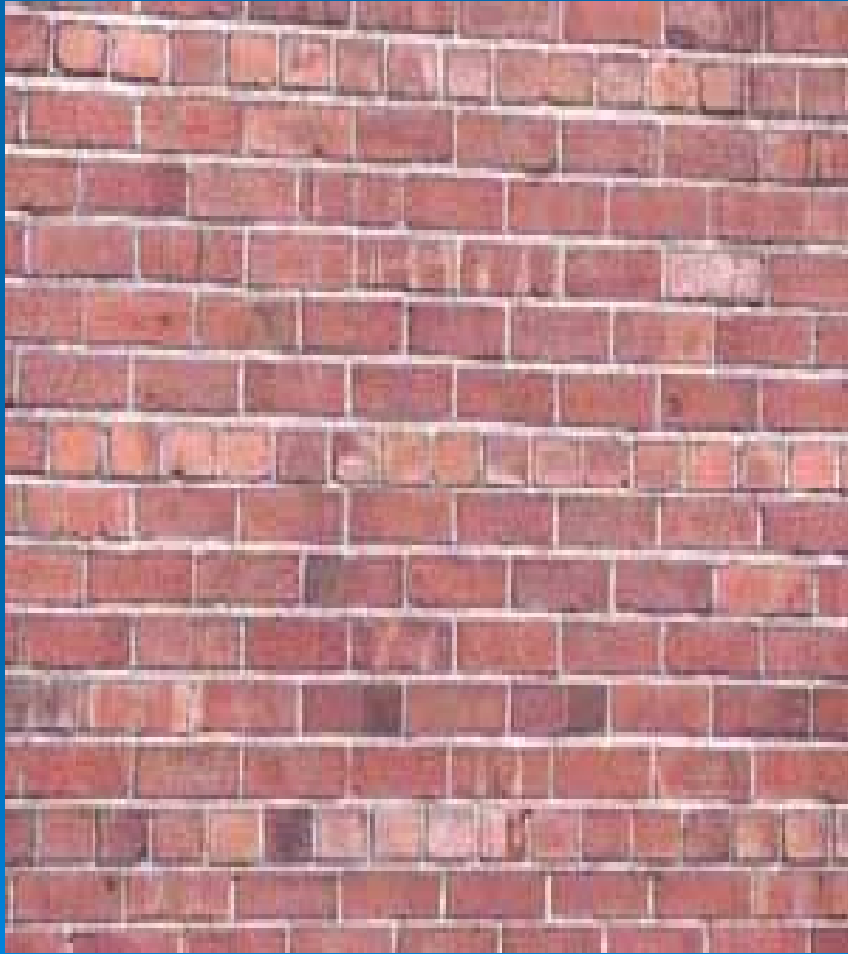
\*P<.001 compared with Non-feedback group

# “Feedback - a powerful tool”



➤ **Jack Ende**

# Barriers to Feedback



- **Not all faculty believe that it is good.**
- **Concern about hurting learners feelings.**
- **Learners may be hesitant to receive bad news.**

# Responses to Problematic Behavior

- **Setting:** University Hospital, 4 ward teams
- **Methods:** Participant observed rounds, noting reaction by attendings to disrespect, cutting corners or rudeness.
- **Results:** Attendings responses were passive non-verbal or if verbal, used humor, avoided laying blame. Behavior-specific feedback was rare.
- *Burack JH JGIM 1999; 14(1):49-55*

# Reactions to Feedback

- **Setting:** 33 2<sup>nd</sup> and 3<sup>rd</sup> year med students at the University of S. Illinois.
- **Methods:** Instructions provided on 2 handed knot tying methods.
- **Students randomized to “complement group” versus “feedback group”**
- *Boehler ML Medical Education 2006;40:746-749*

# Reactions to Feedback

- **Results:**
- **Students in the “complement” group gave a higher satisfaction rating but did not improve their performance.**
- **Students in the “feedback” group improved their knot tying performance but reported lower satisfaction scores.**
- ***Boehler ML Medical Education 2006; 40:746-749***



# Feedback and Evaluation



- **When performance appraisal is the most difficult, that is when it is needed the most.**

# The Best Teacher

- ...."will be he who has at his tongue's end the explanation of what is bothering the student."

*Lev Nicolayevitch Tolstoy*

# Good News!



- Faculty can improve the quantity, quality and specificity of their evaluations.

# Improving Feedback

- 88 faculty and 157 residents from an internal medicine residency.
- Randomized controlled trial.
- Intervention to improve feedback and evaluation and a reminder card.
- Residents receiving evaluation from “intervention faculty” rated the quantity and quality of feedback significantly higher.

➤ *Holmboe ES JGIM 2001;16(7):427-434*

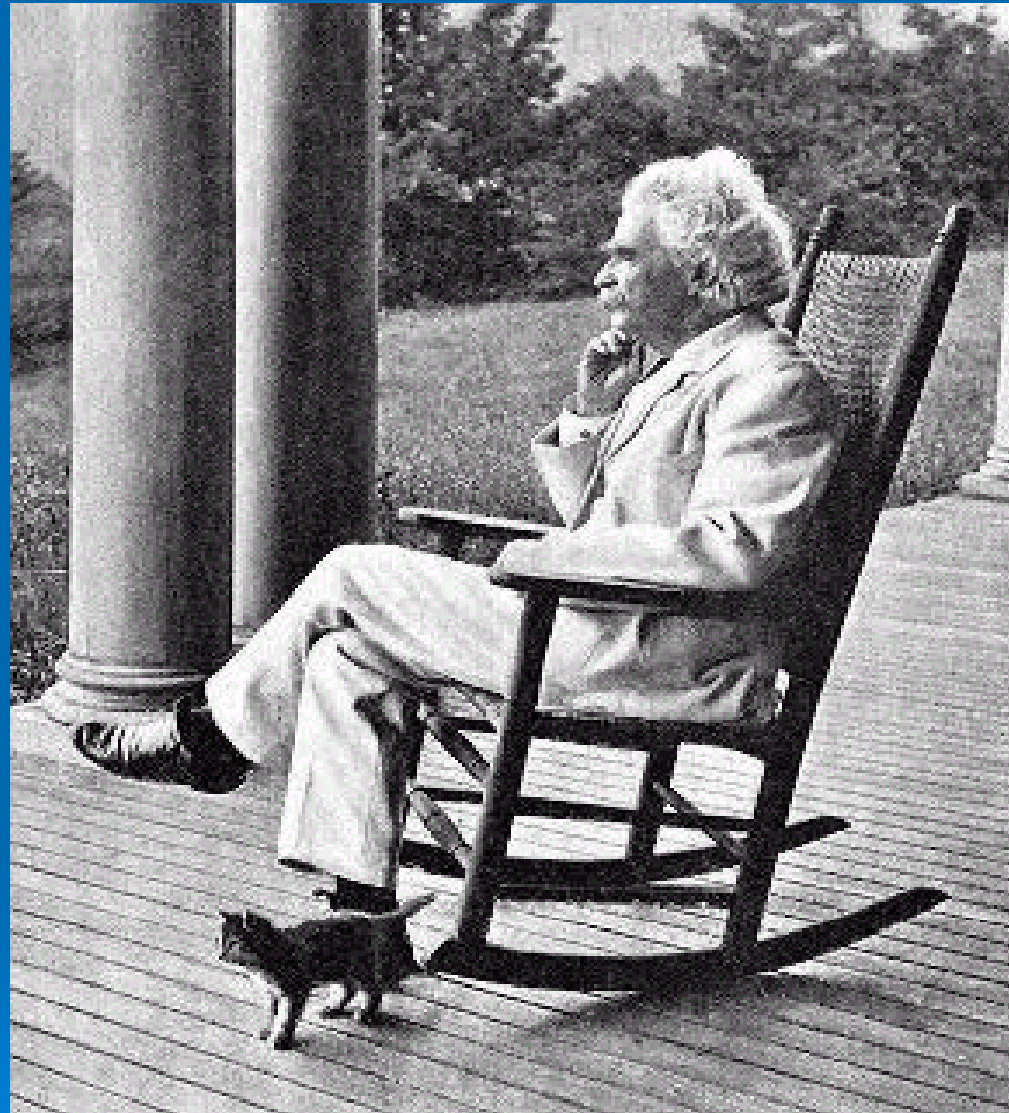
# Feedback and Evaluation- Differences

## Feedback

- **Mid-course**
- **Provides information without judgements**
- **Part of the learning process**

## Evaluation

- **Summative**
- **Adjectives and adverbs**
- **Teachers judgements**



# Content of an Evaluation

- Case presentations
- Chart work
- Interpersonal skills
- Organization
- Teaching
- Management skills
- Clinical skills
- Knowledge
- Judgement

# Tools at your disposal

- Direct observation
  - Written records
  - Presentations
  - Responses to questions
  - Homework
  - Interactions with house staff
  - Patient comments
  - Self evaluation
- 




# Guidelines - Work together

- Act as the learner's ally
- Make the atmosphere relaxed
- Pay attention to the seating arrangement

# Guidelines - Timing

- **Make sure that evaluation is well timed and expected.**
- **Negotiate the time, place and scope.**
- **Often feedback works best when it occurs as close the event as possible.**

# Guidelines – Self-Assessment


- How do you think you are doing?
  - Encourages self-reflection
  - Opportunity to assess insights
  - Respond to self assessment
  - Essential for life long learning
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# Guidelines - First Hand Data


- Try to emphasize the things that you have observed yourself.
- Anyone who can make a valid comment should be solicited.



# Guidelines - Limits

- **Limit the quantity and information to avoid overwhelming the learner.**
  - **Limit the scope to remediable behaviors.**
  - **Avoid commenting on personality traits.**
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# Guidelines - language

- **Descriptive**
  - **Nonjudgmental**
  - **Specific**
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# Psychological distance


- Address issues related to decisions or actions rather than interpretations or assumed intentions.
- “The antibiotic chosen doesn’t cover enterococcus.”

# Guidelines - “I” statements

- When you want to give subjective feedback, label it as such with an “I” statement.
- “Watching this video tape, I began to feel that you were uncomfortable talking about the patient’s cancer.”



# Guidelines - Positive feedback

- **Implies that the person instead of his/her work is being evaluated.**
  - **Can be embarrassing.**
  - **May be habit forming.**
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# The Feedback Sandwich



- What was done right.
- What was done wrong.
- What to do next time.

# Hasley's adaptation of Holmboe

- Resident : Dr. Jamie Johnston
- History: Asthma pt asked about occupation
- Physical: Checked for pulsus paradox, missed pericardial fx rub
- Medical knowledge: Ethylene glycol case
- Clinical judgement: Knew when chf pt was decompensating.

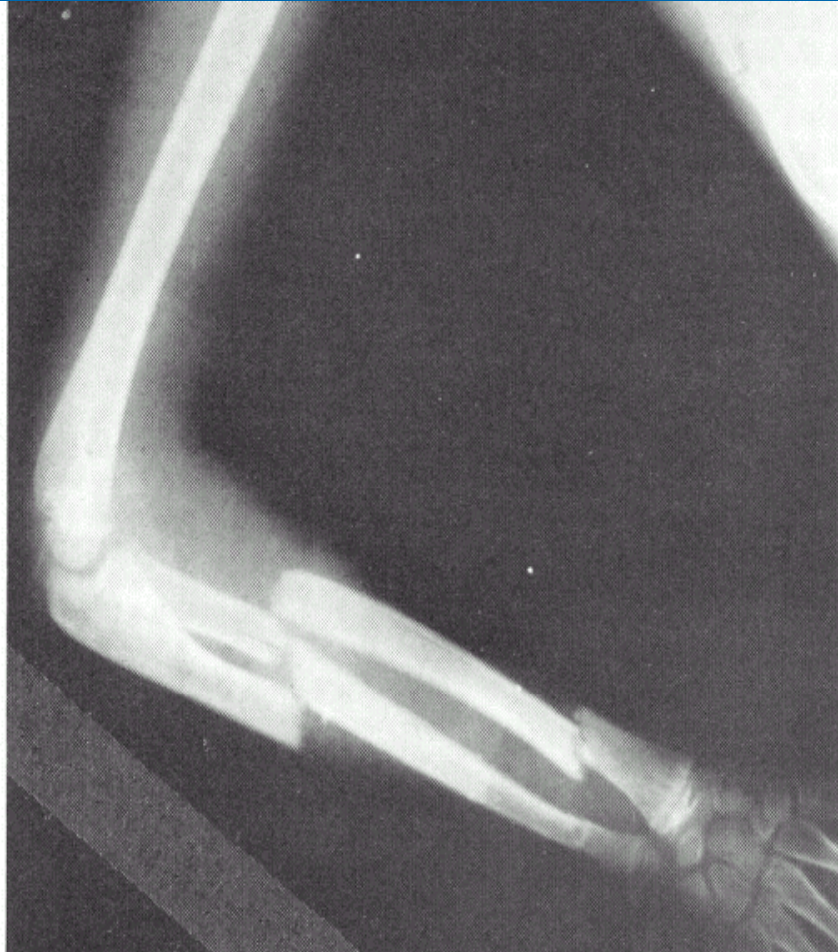
# Example

- “The one area that I would question about is you seem to have a little bit – there is a defensive streak in you when asked questions. Let me give you some examples. When we talked about Mr. X’s Foley being taken out you said, ‘Oh, well, I wrote for it.’ Well you hadn’t wrote for it right? Well maybe you thought you did. But you didn’t and there are a couple of other instances like that where the immediate response was a defensive one.....and that worries me a little bit. I would worry that you would say you did something and you hadn’t. It is much better to say, ‘I forgot’ Right? Because if it happens too many times then people stop trusting what you say.....

# A Presentation

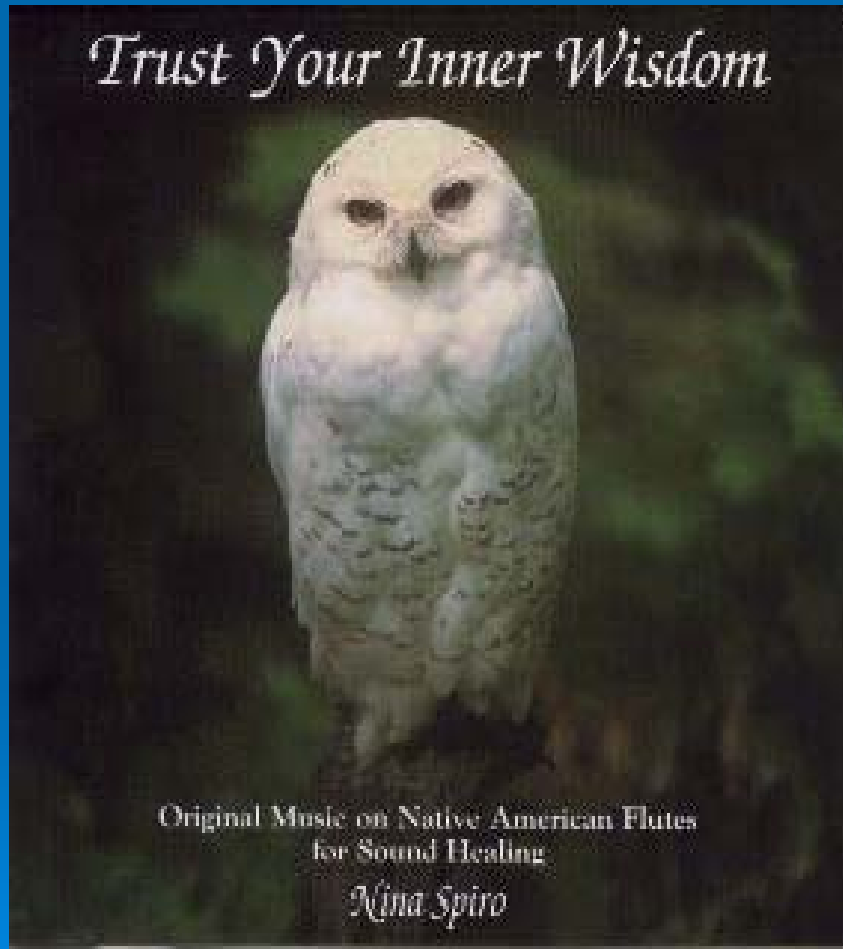
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# Fractured Feedback



- How many mistakes is this attending making?

# Fantastic Feedback



- How many guidelines are being followed?