Welcome to Precepting

Part 3

Precepting Medical Students Series

Part 1: Introduction to Medical Student Precepting

<u>Part 2: How Medical Students Learn in Clinical Settings</u>

Part 3: Providing Feedback

Part 4: Providing Evaluations

Part 5: Learners Experiencing Difficulty

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Providing Feedback

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Disclosures

- No conflicts of interest

- No compensation from outside sources

- Free from commercial bias

- This lecture series is based on, at times extracted directly from, the Society of Teachers of Family Medicine's, "Teaching Physician".

Objectives

- The Preceptor will understand the fundamental importance of providing timely and actionable feedback.
- The Preceptor will be able to develop SMART goals for advancing student learning through providing feedback.
- The Preceptor will be able to differentiate formative feedback from summative evaluation.
- The Preceptor will be able to identify words and phrases to include and exclude from student feedback.

Feedback vs Evaluation

- Regular, constructive feedback is an important part of the clerkship process. The objective of feedback is to help a learner improve. Feedback is information on what a learner did. This is different than an evaluation, where a learner is ranked, or graded.[1]

1. Hiott-Barham A, Turner J. Giving and Receiving Effective Feedback. The STFM Resource Library. 2010. Available at: http://fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=feedback#2840.

Forms of Feedback

- Written
  - often called formative feedback
- Verbal
  - extremely impactful…either positively or negatively
- Non-verbal
  - Gestures, nods, eye movements, hands, posture, smiles, frowns, and fingers
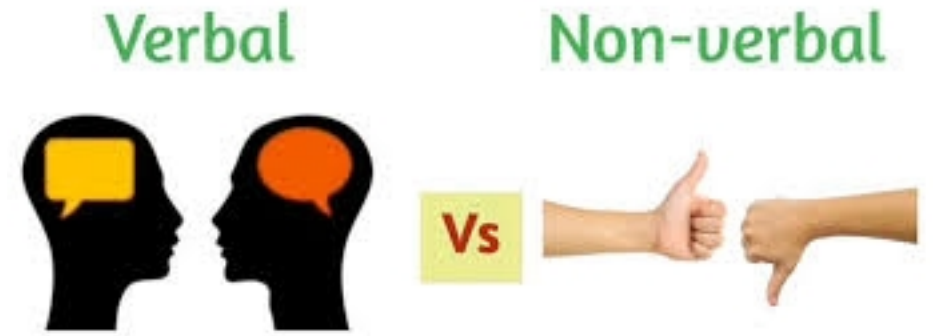
Timely, Specific, Goal oriented

Timely

- Feedback must be timely
- Feedback must be specific
- Feedback must be done with the goal to improved the learner's knowledge and actions

- For example, learners are unable to act or make adjustments when told "Good job!" at the end of a rotation, as it is neither timely nor actionable.

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Overview on Providing Feedback

- Conduct feedback sessions in a private, relaxed, and supportive atmosphere.

- Ensure that comments are information-specific, issue-focused, and based on observations.

- Focus on a specific behavior (what the learner did, vs. who he or she is).

- Direct feedback toward behavior the learner controls.

Overview on Providing Feedback

- Provide feedback as soon after the behavior as possible.
- Give positive comments first.
- Limit the amount of information to what the student can use.
- Make sure you are being understood.

Overview on Providing Feedback

- Allow the learner to discuss his or her experience/performance first. Be a good listener. Compare your assessment with the student's and discuss.

- Link feedback to the learner's goals.

- Summarize the essential points of the discussion and establish a follow-up plan to address the learner's needs.

Challenging to Deliver

- Feedback is a critical component of medical education. Community faculty must provide effective feedback to enable learners to monitor their progress and refine their clinical actions and behaviors. And while feedback is essential for learning, <u>it can be challenging to deliver</u>.[1]

1. Hewson M., Little, M., Giving Feedback in Medical Education. Verification of Recommended Techniques. J Gen Intern Med. 1998 Feb; 13(2): 111–116. doi: 1046/j.1525-1497.1998.00027.x

Example of Timely and Actionable Feedback

https://www.teachingphysician.org/content/media-library

- Tina, the last patient was quite anxious, I noticed you made the patient feel at ease with your approach of sitting at eye level and listening intently.

- Jeffery, the last patient was quite anxious. I find that sitting down and listening to understand the patient's perspective will often help them relax. Next time we have an anxious patient, you should try that approach and let me know if you see a difference.

Am I getting feedback?

- Recognize that learners may not identify when feedback is given
- Set the stage for feedback delivery in an appropriate setting
- Clearly state when feedback is being given
- Use objective and observed situations to describe performance
- Have learners restate what is being said and reflect on the information provided
- Aid learners in developing a specific and actionable plan for improvement

Formative Feedback

- **Verbal Formative feedback** occurs at teachable moments and is often characterized by brief, timely, focused, one-on-one interactions between the community faculty and the learner, and encompasses the community faculty's specific, time-sensitive feedback.

- **Written Formative feedback** is usually required at <u>mid-clerkship</u> to give to the Clerkship Director to review when meeting with the student. It is reported observations of the preceptor being made to emphasis successes and challenges. It is not for a grade, but rather to help the student improve.

Summative Feedback

- **Summative evaluation** occurs at the conclusion of a defined clinical experience and includes planned assessment of factual recall and applied knowledge. In contrast to formative feedback, it involves synthesis of an assessment regarding overall performance, evaluation of competence based on standardized benchmarks. It is taken from both, subjective and objective performance markers.

Setting Goals

- High priority feedback items should have goals.
- Low priority feedback does not necessarily need goals.
- Too many goals can overwhelm the learner.
- Allow the student to help set goals. This prompts self-regulation.

Setting SMART Goals

- Quality feedback facilitates learner's self-reflection and improves their performance, but without a plan for improvement and appropriate follow up, the response to feedback provided may only be transient.

- Learners have increased motivation when they reflect on their own performance and develop their own goals.

- Goals that are specific, measurable, attainable, relevant and time-bound (SMART) are more likely to be attained.

Shute VJ. Focus on Formative Feedback. Review of Educational Research. 2008;78(1):153-189

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Example of a SMART Goal

Ahmed, I've noticed that you anchor in to a diagnosis very quickly. This may cause you to miss something important. Let's set a goal for you to have three differentials for the chief complaint by the end of the week. Is this something that you think that you can achieve?

- **S**pecific: yes, "be able to have three differentials for one chief complaint by the end of the week."

- **M**easurable: yes, three differentials

- **A**ttainable: yes, something all students can master

- **R**elevant: yes, three differentials helps physicians avoid anchoring in to a single possibility.

- **T**ime bound: yes, "by the end of the week"

Levels of Feedback

- **Level 1**: "I noticed", "I saw", "I heard": a description of the learner's behavior, with no interpretation or judgment.

- **Level 2**: "I felt", "I was concerned": The goal of this kind of feedback is to use the sharing of emotions to help the learner identify how their behavior is perceived in the clinical environment.

- **Level 3**: "In my experience": The goal of this feedback is to model and communicate professionalism and high-quality patient interactions.

Improving Receptivity

- Avoid harsh, abrasive methods: "Are you stupid or something? Don't ever recap a used needle unless you want AIDS or Hepatitis. Is that what you want?"

- Use emotional concern (Level 2 in this case): "It concerns me when you recap used needles. I don't want you to contract a blood-borne pathogen. Carefully put the used needle in the Sharps container without the cap."