

## **Providing Effective Feedback – Small Group Exercise**

**Session Goal:** prepare each participant to provide feedback as an essential part of teaching.

**Objectives:** By the end of the session, each participant will be able to

- list the steps for providing effective feedback
- demonstrate those steps
- appreciate that feedback is a skill that can be developed and
- become more comfortable providing effective feedback as an essential part of teaching

The session provides opportunities for practice and discussion utilizing a series of scenarios that have been suggested by past participants:

1. Volunteer participants will select a scenario from the list for practice in a brief role play interaction and group discussion. **The participant will take the role of the preceptor** and will define:
  - the type of learner (pre-grad, post-grad, etc.)
  - the location (inpatient, clinic, etc.) for the interaction, including (if relevant) the time of day/year
2. **One small group co-facilitator will take the role of the learner**, while the other will facilitate the discussion
3. After each exercise, the role players will debrief, and the group will discuss approaches to the scenario

### **Steps in providing feedback**

- Collect data – the scenarios below rely heavily on observation as a method for data collection
- Provide **feedback**:
  1. Identify this as feedback
  2. Encourage self-assessment
  3. Cover positives and negatives
  4. Refer to objective data (specific data, observed behavior(s))
    - a. Knowledge
    - b. Skills
    - c. Attitudes
  5. Limited in amount
  6. Use effective language
- Tailor teaching style and location to the situation
- Establish an **action plan** – re-apply the (G)NOME
  1. **N**eeds assessment: identify and verify the Need
  2. set **O**bjectives
  3. suggest **M**ethods with specific steps
  4. re-**E**valuate
  5. **\*\*Collaborate with the learner to obtain buy-in**

**Scenarios**

1. A terrific learner
2. A quiet early learner
3. A passive mid-training learner
4. The learner gives long case presentations
5. The learner avoids taking a sexual history
6. The learner talks fast and uses technical jargon during a procedure
7. A learner with a time management issue
8. The learner was rude/Dismissive
9. The learner gives disorganized case presentations
10. The learner is not interested in being there
11. The learner dresses inappropriately
12. The learner doesn't know what s/he doesn't know
13. The learner advises a home remedy not supported by evidence
14. The learner fabricates information

**1. A terrific learner (pick the type of learner and location)**

You've worked with this learner long enough to see repeating evidence that they are functioning far above the expectations for their level of learning. For example, you have observed that they:

- demonstrates a strong fund of knowledge and is adept at using appropriate resources to gather additional information about a problem or diagnosis
- takes pertinent histories while putting patients at ease, appropriately recognizing and responding to nonverbal cues
- manages time well
- writes thorough yet concise notes in the record
- is a team player, collaborating well with others and offering to help when others might need it
- maintains a professional demeanor – is punctual, respectful of peers and staff, dresses appropriately, etc.
- is trustworthy – when they take responsibility for something, it gets done
- is enthusiastic about patient care

You've enjoyed working with them, and you feel that you would be happy if someday they joined your residency/practice/etc. It's close to the end of the rotation/month/experience with you, and you've been planning to give them summative feedback.

**You find a time to provide them with feedback.**

**2. A quiet early learner (pick the type of learner and location)**

You scheduled a few minutes for a feedback session at the end of the first week of a month-long rotation with a learner who is early in their training. You recognize that you don't have much information about them, almost as if they have been invisible during the week. You have observed that they:

- does appear to do assigned reading, answering any questions you ask with correct but brief responses
- has been polite, unobtrusive, and soft-spoken
- doesn't volunteer much information and doesn't ask questions
- stays in the background during patient encounters and doesn't take initiative; you realize that you haven't seen them interact with patients beyond a few polite words

If asked, most of the staff on the ward/in the clinic or office would ask you "who?" if you asked them what they have observed regarding the learner.

**You meet with them for your scheduled feedback session.**

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**3. A passive mid-training learner (pick the type of learner and location)**

You've been working for some time with a learner who is now at the midpoint of their clinical training, On the hospital unit and/or in clinic, they:

- doesn't put forward many of their own ideas (such as a differential diagnosis or a management plan), even when prompted
- relies on you and other clinical supervisors for decision-making

When this has been raised in the past, they seem very agreeable, but nothing has changed. This has forced you to do devote more time to decision-making for patients than you usually do with a learner at this stage of training. You are frustrated about their passivity.

**You find a time to provide them with feedback.**

**4. The learner gives long case presentations (pick the type of learner and location)**

You've been working with an inexperienced learner early in their clinical training. You've observed them provide a few case presentations that are far too comprehensive. While they are complete and organized, they include extraneous material unrelated to the particular case under discussion.

The learner has just presented a patient with a rather straightforward medical issue (please define – examples could include an earache, a simple fracture, etc.). You observed that:

- the case presentation included both important and unimportant data
- all the data were presented with equal emphasis
- the presentation was too long for the teaching setting; if this continues, it will disrupt the flow of the work environment

**There are a few minutes available for you to provide him/her with feedback.**

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**5. The learner avoids taking a sexual history (pick the type of learner and location)**

You're approached by a learner early in training who is checking with you about a teenage patient they are seeing for a routine physical. The learner's case presentation did not include a sexual history. When asked about the omission, the learner tells you that the visit was prompted by the need to complete a form for a team sport, and that the form did not ask questions about sexual activity.

You point out that this is an opportune time to take such a history, asking the learner if they have done this before. The answer is no.

You observe that the learner:

- is pushing back against your recommendation that a sexual history is important in this situation
- is hesitant to discuss the topic

**You find a time to provide them with feedback.**

**6. The learner talks fast and uses jargon during a procedure (pick the type of learner and location)**

You're working with a learner who is midway through their clinical training. You have observed that they:

- is very bright and well-read, readily demonstrating a solid fund of knowledge
- speaks rapidly
- doesn't always pick up on cues from others in the room

You helped them with a procedure (pick any procedure – examples could include insertion of a central line, skin biopsy, IUD insertion, etc.). You observed that they:

- spoke rapidly to the patient while obtaining consent, using technical jargon and at least one acronym; you had to supplement his/her explanation to the patient and you were annoyed that since s/he didn't do it, you were the one to ask the patient if there were any questions
- was technically proficient, mirroring previous training in a simulation lab
- ignored the patient during the procedure, and at one point didn't appreciate that the patient was having discomfort that was obvious to you, causing you to take responsibility for communicating with the patient

**You have a few minutes to provide him/her with feedback.**

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**7. A learner with a time management issue (pick the type of learner and clinic location)**

You have observed that this early-to-midpoint learner's clinical practice is characterized by:

- a fund of knowledge commensurate with the learner's level of training
- a deep and sincere interest in the welfare of each patient characterized by a willingness to go the extra mile – it's not uncommon for them to call family members, caregivers, etc. to help coordinate care, and you are aware that the learner even offered to call a patient's insurance company to help with a billing problem
- running late in clinic – they often allow patients to go off on tangents, lengthening the visit far beyond its allotted time
- patients who are both grateful for the learner's willingness to listen uninterrupted and upset about their extended time in the waiting room

You are working an evening session when you recognize that this learner is still in the clinic at 7 pm finishing work from the afternoon. Your office manager is on the way out the door and stops to tell you that this happens often when the learner is in the clinic, and that it could become a problem for both the staff and the learner.

**Your next patient hasn't shown up, and you have a few minutes to give feedback to the learner.**

**8. A learner who is rude or dismissive**

It's the middle of the academic year. Before this week, this experienced learner has not worked in your clinical setting, so you haven't had an opportunity to work with them. However, you are aware of their reputation as a very smart and skilled clinician who is very sure of himself.

So far this week you have observed that—with the staff and other learners (of lesser standing)—they:

- have not established relationships (ignores them, doesn't introduce themselves, doesn't say hello)
- is quick to issue orders to the staff (nurses, medical assistants, etc.) and other learners (e.g., they asked a medical student with whom they had no relationship to retrieve a journal article)

You have just observed this learner curtly tell a patient that if they won't stop smoking, they should go elsewhere. Your head nurse, who was already angry about how they have been treated by the learner, pulls you aside and asks you to deal with the situation during the lunch break, which is about to start.

**You have a few minutes to provide this learner with feedback.**

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**9. The learner gives disorganized case presentations (pick the type of learner and location)**

You have been precepting this learner (fairly early in their training) over the last several weeks. While you have observed that this learner reflects a fund of knowledge appropriate for their level of training, you have also observed that their case presentations can be confusing or incomplete:

- they don't flow in a logical fashion
- s/he sometimes jumps back and forth as s/he remembers things
- pertinent negatives are often left out, and social histories are always left out
- s/he sometimes jumps to conclusions prematurely, perhaps the evidence base isn't clearly understood

You know that another faculty member has raised organization as something for them to work on, and suggested that the learner should prepare written notes as a guide for presentations.

You just listened as they presented a patient with acute diarrhea that rambled back and forth between the history, physical findings, and lab results (some not relevant to the problem), leaving out some items that should be included in a presentation of a patient with new onset diarrhea. You didn't see them using any notes or written materials during the presentation.

**You find a few minutes to provide them with feedback.**

**10. The learner is not interested in being there (pick a type of learner, location, and reason for disinterest)**

Every learner at your school/program spends a month with your clinical specialty as a part of the required curriculum.

You are halfway through a month working with a learner whose ultimate career path has been established as one that has little to do with your specialty (a transitional intern already accepted into a Fellowship; a student who has already decided to go into a very different specialty; a combined clinical/PhD candidate destined for a non-clinical career in research, etc.).

You have observed that this learner's experience in your setting is characterized by:

- a marginally adequate fund of knowledge and a marginal interest in content related to your specialty (although it appears that s/he is interested in the content of his/her future career path)
- a spotty attendance record, with multiple reasons given for lack of attendance (examples: "My dog died;" "I needed to get my car fixed & it was the only time they had available")
- poorly developed history taking skills including rapid fire questions, poor listening, lack of eye contact, and use of technical jargon
- not completing assigned readings
- failing to participate in conferences

**You find have a few minutes to provide him/her with feedback.**

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**11. The learner dresses inappropriately (pick a type of learner, location, and inappropriate attire)**

A new resident joined your practice/program last month. Over several weeks you have observed that they:

- appears to have an appropriate fund of knowledge for their level of training
- has appropriate skills related to history taking, physical examination, and case presentations
- has on more than one occasion arrived in attire that you, your colleagues and the staff felt was inappropriate for patient care (please define)

Last week, one of your colleagues suggested that they were not dressed appropriately. While they disagreed, they did agree to wear a long white coat for the day.

This morning, your head nurse approaches you (you are the preceptor/clinical supervisor for the day): "Have you seen XXX this morning? They have done it again! You need to have a talk with them."

**You have a few minutes to provide this learner with feedback.**

**12. The learner doesn't know what they don't know (pick a type of learner and location)**

It's midway through the first year of a learner's clinical training. You have observed that in some cases they tend to make a diagnosis or select a management plan acting on incomplete or preliminary data, and you've been concerned that they are not aware of the full range of possibilities.

They just presented a middle-aged patient complaining of a new onset of pain and swelling involving several joints. It sounds out of the ordinary to you, and you recognize that the patient needs a more complete rheumatologic workup. The learner, though, felt that this was clearly rheumatoid arthritis (which is might be), and was ready to treat it with first-line medication. At a minimum, you feel that the patient needs to have some testing done.

**Select one of two options (or both):**

- **While the patient is still there, you find a few minutes to provide them with feedback**
- **While the patient was there, you direct them to order a series of laboratory tests and x-rays. Later, you find a few minutes to provide them with feedback.**

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**13. Learner advised a home remedy unsupported by evidence (pick a type of learner and location)**

You hear an early learner suggest to a patient that they should try an approach to a problem (define the problem – suggestions include: a diet for weight loss/diabetes/irritable bowel; a poorly-healing wound; approaches to a two-year-old with a sleep problem; etc.) based on a remedy for which there is little or no objective evidence.

You've also observed that they:

- appear to have an average fund of knowledge for their level of training
- demonstrates reasonable interpersonal skills

You have a few minutes to provide them with feedback.

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**14. The learner fabricated information (pick a type of learner and location)**

It's early in the year. You are working with an inexperienced learner. They told you about a patient they are seeing, a moderately complicated patient with multiple medical problems including hypertension, asthma, and diabetes. You observe that they:

- presents the patient hesitantly, as if they are unsure of themselves
- leaves out pertinent information, causing you to ask questions to pull out the data – it seems that they have it, but is having trouble presenting it. For example, you asked if the blood sugar had been checked, and they said "Oh yes, it was 165"

An hour later, you become aware that the patient's blood sugar was checked, and it was 380.

**You quickly find a few minutes to provide with feedback.**