

Benchmarking Objectives and Effective Feedback

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- ♦ We have no actual or potential conflict of interest in relation to this program/presentation.



Today's Objectives

- ♦ Review the elements of effective feedback- paying attention to process and content
- ♦ Learn to help learners set goals/objectives, establish benchmarks and use self assessment
- ♦ Learn strategies for giving feedback to the challenging learner
- ♦ Discuss elements of written feedback
- ♦ Review what informs the Medical Student Performance Evaluation (MSPE)

Mrs Petit's 8th Grade Science Class

- ♦ You need to have at least 5 sentences in your feedback message. Set it up using the format below:
 - ♦ **1st sentence – CLARIFY** – Ask for clarification on things that are not clear to you. Be specific.
 - ♦ **2nd sentence – VALUE** – state what you like about your partner's ideas. Identify any connections you see between the work and the assignment goals.
 - ♦ **3rd Sentence – DETAILS** – state an example of where your partner had good details in their answer or used data/facts to support their answer.
 - ♦ **4th sentence – OFFER CONCERNS** – share with your partner any genuine worries that you have about the work.
 - ♦ **5th sentence – SUGGEST**- share ideas that might help improve the work.

Effective Feedback

- ◆ Encourages self-assessment
- ◆ Covers positives and negatives
- ◆ Refers to specific, observed behavior
- ◆ Limited in the amount
- ◆ Timely
- ◆ Occurs in an appropriate place
- ◆ Ends with an action plan

Why focus on feedback?

- ♦ Medical students would like more feedback on their clinical skills
- ♦ Residents identify feedback as the essential element in effective precepting
- ♦ Effective feedback = more valid grade
- ♦ Preceptors feel they provide feedback better than they actually do
- ♦ Feedback improves self-assessment skills (lifelong learning)



Goals of Feedback

- ♦ Ensure that the learner improves, while at the same time maintaining his/her self-respect
- ♦ Content should be focused on learning objectives
- ♦ Consider learner's level via benchmark or milestones

Language of Feedback

- ♦ Call it feedback
- ♦ Attend to the power differential
- ♦ Be non-judgmental: I statements vs you statements
- ♦ Label the subjective: “I wonder if...” “My impression was...”
- ♦ Assess reaction to feedback

Characteristics of Good Feedback

- ◆ Occurs in appropriate location
- ◆ Begins with self assessment
- ◆ Timely
- ◆ Specific
- ◆ Limited
- ◆ Covers positives and negatives
- ◆ **Ends in Action Plan**

Residency Case Study

- ♦ Early second year resident who is missing chart rounds on a regular basis because his clinic is always running over. He interacts well with patients, but often spends too long with each patient. He also has trouble delegating tasks to ancillary staff. Patients like him, but there have been some complaints about the wait to see him. In addition, the chart rounds are a required part of his residency

Benchmarks

- ♦ Developmental milestones for a learning experience which are standardized
- ♦ Competency based
- ♦ Learner objectives spring from these
- ♦ Example: By the end of the first year of residency learners will be able to perform a focused patient visit within 40 minutes. By the end of second year, this should take 20 minutes

Why Develop Benchmarks?

- ♦ Align faculty and learner perceptions
- ♦ Help learners advance their self-monitoring and metacognitive skills

Benchmarks

- ♦ Developing benchmarks for our learners-residency based, differing for each year and portion of the year
- ♦ Do we have benchmarks for our residency already? i.e. at 3 months after starting first year, these things should be accomplished, at 6 months, these...
- ♦ Clerkship benchmarks (by rotation)

Helping Learners Set Goals

- ♦ Goals need to be specific and attainable
- ♦ Important to check in with learners at the beginning of rotations or periodically throughout their residency year to review their learning goals and make sure they are aware of and addressing competencies required
- ♦ Iterative cycles of performance benchmarking (of ones' own performance against accepted standards),

- ♦ Repetitive cycles of individual feedback, goal setting, performance improvement and subsequent reassessment constitute the framework of lifelong learning-it needs to start in med school

Goal Setting

Individual + Motivation = Commitment

- ♦ Active participation includes:
 - ♦ Defining the accomplishment
 - ♦ Determining the specific, measurable outcomes
 - ♦ Creating the timeline
 - ♦ Identifying the necessary resources

Goal Creation

- ◆ Identify opportunities for goals
- ◆ Write goal statements
- ◆ Develop goals
- ◆ Formulate action plans

Goal Types

- ♦ Essential goals
- ♦ Problem-solving goals
- ♦ Innovative goals

SMARTER Goal Writing

- ◆ **S**pecific
- ◆ **M**easurable
- ◆ **A**ction-Oriented
- ◆ **R**ealistic
- ◆ **T**ime- and resource-constrained
- ◆ **E**nergizing
- ◆ **R**elevant

Goal Setting Opportunities

- ◆ Specific learning interaction
- ◆ Rotation specific
- ◆ Advising meetings
- ◆ Semi Annual Reviews
- ◆ Portfolio development and review

Specific Learning Interaction

- ◆ Discuss learner's past experiences
- ◆ Discuss expectations
- ◆ Develop goals for interaction
- ◆ Provide feedback
- ◆ Develop next steps

Rotation Specific

- ♦ Initial meeting to discuss goals
 - ♦ Include inquiry of past experiences
 - ♦ Co-identify needs
 - ♦ Document goals and action steps
- ♦ Mid rotation feedback
 - ♦ Review current experiences and progress towards goals
 - ♦ Consider resources
 - ♦ Adjust goals as necessary
- ♦ End of rotation feedback
 - ♦ Reassess progress towards goals
 - ♦ Develop next steps

Advising Meetings

- ◆ Regular, scheduled meetings with pre-identified agenda
- ◆ Long(er) term goal setting
- ◆ Calibration of self assessment
- ◆ Identifying resources
- ◆ Develop next steps (for both learner and advisor)

Semi Annual Review

- ♦ Pre-meeting preparation
 - ♦ Self Assessment
 - ♦ Goal setting
 - ♦ Stage of training guided
- ♦ Calibrate self assessment
- ♦ Review of goals
 - ♦ Develop into SMARTER goals
 - ♦ Discuss resources to meet goals
 - ♦ Develop next steps

Calibrating the Self Assessment

- ♦ Reviewing self assessment
 - ♦ Strengths
 - ♦ Opportunities for improvement
- ♦ Reviewing external evaluator's assessment
- ♦ Building upon themes
- ♦ Reconciling incongruence

Collaborative Goal Setting

- ◆ Discussion
- ◆ Compromise
- ◆ Agreement
- ◆ Bottom Up Goal Setting

Achieving Goals

- ♦ Implement the plan
- ♦ Monitor Progress - Feedback
- ♦ Revise Objectives
- ♦ Restart the cycle

Benchmarking and Self assessment

- ♦ In general doctors, residents and students ineffectively assess their own clinical skills performance without benchmarking feedback
- ♦ Low performing learners do the worst at determining their own performance level and learning needs
- ♦ Performance benchmarking and feedback together can help learners advance the self-monitoring and metacognitive skills they require to set learning goals for improving their own performance

Challenging Learner

- ♦ Research has shown that these learners are less likely to set realistic goals, so this may give some idea as to the level of your learner. Working with them initially to set realistic goals and then giving feedback around these should be more effective



What is a “challenging learner?”

Critical issues to consider

- ♦ How much confidentiality is a learner entitled to? Should benchmarks be tailored and public?
- ♦ When is a teacher entitled to more information about a learner who is having difficulties?
- ♦ Do we have a diagnostic or therapeutic relationship with learners (related to setting and accomplishing benchmarks)?

S ubjective O bjective A ssessment P lan

Plan

Take further steps to define the learner's needs

- ◆ Further history
- ◆ Observation
- ◆ Consider consultation (Director, other) – for advice, more detailed testing / evaluation

Develop an Educational Plan that includes different benchmarks (timing) but same requirements

Feedback

Case Study

- ♦ 3rd year medical student on his 3rd clinical rotation having done his surgery and pediatrics clerkship who doesn't answer questions unless specifically asked, and even then seems very uncomfortable. Presentations lack detail. Elderly patients had difficulty hearing her and she tended to avoid emotional issues. Didn't seem to accept the feedback she was given from preceptors

Written Feedback

- ♦ Feedback in ambulatory encounters is uncommon (3.5-19%)
- ♦ Generally not specific and rarely corrective
- ♦ Written feedback may improve this rate

Written Feedback Cards

- ♦ High completion compliance
- ♦ Potentially increase amount of explicit feedback from preceptors
- ♦ Learners like feedback specifically linked to concrete events with suggestions for improvement as most helpful
- ♦ Can ensure timely feedback
- ♦ Faculty development on feedback can improve it's frequency and specificity
 - ♦ Salerno, SM, Jackson, JL et al, JGIM

Written Feedback Cards

- ♦ Who is using them and how is it going?
- ♦ Do you find them helpful when giving feedback on attitudinal issues?
- ♦ Giving feedback on attitudes (as opposed to skills and knowledge) is uncommon. Giving feedback on the physician-patient relationship, integrity, enthusiasm and professionalism is a long-acknowledged problem for preceptors

Dean's Letter/ Medical Student Performance Evaluation (MSPE)

- ◆ Knowledge base
- ◆ Clinical Problem solving abilities
- ◆ Technical/ physical exam skills
- ◆ Documentation
- ◆ Oral presentation
- ◆ Relationship with the team
- ◆ Relationship with patients and families
- ◆ Attitude towards learning and response to feedback

MSPE cont.

- ♦ Separate out "suggestions for improvement" from the meat of the letter
- ♦ “Don't damn with faint praise “
 - ♦ if you evaluate someone as markedly improved it will be read as saying they were weak
- ♦ The MSPE (medical student performance evaluation - there is no deans letter) is just a compilation of the narratives.

MSPE cont.

- ♦ The letter is no longer composed by the dean, but a listing of the summary narratives from each Each clerkship gets one paragraph.
- ♦ If the narrative is multiple paragraphs they get collapsed
- ♦ Conversely if it just says "able to walk and chew gum" the student realistically gets frustrated.
- ♦ So not > 250 words somewhere in the middle, with a few quotes about how the student was described.

The Challenges of Standardizing Feedback

- ♦ We often use many sites to evaluate learners
- ♦ Often there are multiple evaluators at each site
- ♦ This can equal many different expectations of competency

Standardizing Feedback

- ♦ Having clear course objectives which are readily accessible
- ♦ developing some level of benchmarks for learners in different times of the year would inform this process
- ♦ Any other suggestions?