

## GIVING EFFECTIVE FEEDBACK

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LEARNERS DO NOT PERFORM  
SKILLS INCORRECTLY ON  
PURPOSE...IT IS OFTEN  
BECAUSE OF INSUFFICIENT  
FEEDBACK AND NOT LACK OF  
INTEREST OR CARING.

-WESTBROOK & JASON  
(1981)

## Supervision & Feedback: A Winning Combo

- Quality and frequency of supervision has a stronger correlation to improved performance than does number of patients seen.
- Conversely, studies have shown that lack of supervision was most strongly correlated adversely affecting student learning.

## Feedback data at UCLA: Medical Students

(Source: AAMC Graduation Questionnaire)

- 17-35% graduates reported being observed performing physical exams on core clerkships
- 18-36% graduates reported receiving sufficient feedback during core clerkships

*Conclusion: the LARGE majority of medical students are not being observed or given feedback in their core clinical training years.*

## Feedback data at UCLA: Residents

(Source: Annual GME Resident Survey)

- Lowest ranked item “received timely and constructive feedback on my performance”.

*Conclusion: Residents are dissatisfied with the type and frequency of feedback in their training.*

## Why Don't We Give Feedback?

1. It's difficult to give corrective feedback
2. I've had a “bad” experience giving feedback
3. It might damage my relationship w/ learner
4. Fear of retaliation (on rating/evaluation forms)
5. I think students instinctively know “good” work
6. It's time consuming

## Why Don't We Give Feedback?

H. Brukner (1999) & M. Hewson (1998)

- Difficult (corrective, critical, negative) can be uncomfortable
- Personal “bad” experience with giving or receiving feedback
- Perceive that it might damage my relationship w/ learner
- Fear of retaliation (on rating/evaluation forms)
- Think students instinctively know “good” work
- Adequately preparing for meetings is time consuming

STUDENTS AND RESIDENTS REPORT  
NOT RECEIVING ENOUGH FEEDBACK...

FACULTY REPORT GIVING FEEDBACK  
TO LEARNERS “ALL THE TIME”.

*What accounts for this ?*

## Clinical Educator Characteristics MOST Associated with Feedback Proficiency

\*Menachery et al. *Physician Characteristics Associated with Proficiency in Feedback Skills*, JGIM 2006; 21: 440-446.

1. “Always” or “Frequently” attempt to detect and discuss emotional responses of my learners.
2. “Always” or “Frequently” work to establish mutually agree-upon goals, objectives, and ground rules with learners.
3. “Always” or “Frequently” allow learners figure out things by themselves, even if they struggle, before I intervene.
4. “Always” or “Frequently” ask learners what they desire from our interaction.
5. Am “Very Good” or “Excellent” in handling conflict.
6. Professional/work goals are discussed.

## Think FAST

A framework for providing learners with effective feedback:

- **F**requent
- **A**ppropriate
- **S**pecific
- **T**imely

## Characteristics of Credible Feedback

- Formative
  - (Usually) based upon direct observation
  - Accurately reflects goals mutually understood
  - Reliably occurs (expected)
  - Development of plan for improvement
  - Well timed
  - Allows time for improvement

## Formative Feedback

### “Session” components

- A. Inform learner
- B. (Usually) based upon direct observation
- C. Ask for Self-Assessment
- D. Select one item
- E. Plan for improvement

### Characteristics

Based on trust/respect  
 Brief/informal  
 Situation specific  
 Informed/ shared understanding  
 May not be recognized by learner

### What to say

1. “Thank you for coming in today”
2. “I know you are busy. This will only take a few minutes”
3. “I want to discuss (an incident that happened, your write ups, your performance, etc) with you”.
4. “Tell me what happened (or why you think this happened)”.
5. “Here, in our department we (expect, it is customary, policy dictates, etc).”
6. “What will you do next time to avoid this from happening (or what efforts are you going to make to address this issue)?”
7. “It’s a plan then”.
8. “Do you have any questions for me?”
9. “I will follow up with you in a few days”.

## Feedback/Evaluation: Two Critical Roles



- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>□ Formative           <ul style="list-style-type: none"> <li>□ Coaching</li> <li>□ Daily/weekly</li> <li>□ During the rotation</li> <li>□ Describing specific performance</li> <li>□ With the intent to guide future performance</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>□ Summative           <ul style="list-style-type: none"> <li>□ Judging performance</li> <li>□ Provided at the end of a course, rotation, class, etc</li> <li>□ Evaluating degree to which the learner met set standards</li> <li>□ With the intent to provide knowledge of results</li> </ul> </li> </ul> |
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## Diagnosing the learner

### High-risk area

- Data gathering
- Data synthesis
- Patient assessment
- Attitude/motivation

### Areas to look

- Case presentation
- HX/PE
- Written record
- Orientations
- Formal feedback sessions

## Transition from Formative to Summative Feedback

- Formative feedback is the foundation for summative evaluations
- Formative feedback that is:
  - ▣ Consistent, well-meaning, respectful, aimed towards improvement
- Will provide basis for appropriate, substantiated, insightful and factual summative evaluations
- That *should not* prompt retaliatory, unfairly negative evaluations about you.

## RIME Framework (Pangaro)

- Reporter
- Interpreter
- Manager
- Educator



## Case Study #1

Your medical students has just seen Jenny, a 14-year-old softball player suffering from acute lower back pain. You observed the medical student conduct a history and physical for back pain.

When you listened to the student take the history, she did not ask when the pain started or whether the patient had tried treatment to alleviate it. The student only inspected and palpated the patient's back and failed to check distal strength, sensation and reflexes.

What is your feedback to the medical student?

## Case Study #2

You are the chief resident on your inpatient service this month. You have just finished afternoon clinic and you are about to meet with an intern on your service, who made a mistake today in patient care.

You don't know the details yet, but you heard from the lead nurse that the intern gave a higher dose of morphine than should have been given to a patient on the service. While you were in clinic, the senior resident helped the intern deal with the problem and transferred the patient to the ICU.

There has not been much "debriefing" yet with the intern. You are set to discuss today's events in a few minutes with the intern.

What is your feedback to the intern?

### Case Study #3

You are the attending on your department's inpatient service. You have four residents on the service right now: two interns, and RII and an RIII. Everyone is doing well except your RII, Chris.

He works hard but has an inadequate knowledge base. He struggles with answering the questions posed to him on rounds or during daily patient care. In fact, you are concerned that Chris is not going to pass the residency.

You have asked Chris to meet you for a discussion.

What is your feedback to Chris?

### Case Study #4

You are the chief resident. Part of your responsibility is to review medical student's H&P's and provide them with feedback.

Your third-year student this month has been with you for three weeks and is a good student in most ways, but needs to improve her charting. You are concerned about her notes being too superficial.

In five minutes the student is scheduled to meet with you to go over a recent progress note. After reading the note your main concern is the lack of detail. You do not think the organization of the note was bad.

What is your feedback to this medical student?

THANK YOU

Questions?  
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