Objectives

• Aware of how unconscious biases and the learning environment affects feedback

• Incorporate the four steps to give feedback in the ambulatory setting

• Use the feedback tools to provide specific, objective, and timely feedback
Why do we teach?

• Intrinsic motivating factors:
  – Love of teaching
  – Sharing knowledge
  – Contributing to the next generation

• Extrinsic motivating factors
  – Awards
  – CME
  – Maintenance of certification
Feedback

• Comparison of students performance to a standard

• Relay specific information to improve or sustain their performance
LCME 2016 - 2017

• 9.7  Formative Assessment and Feedback
  ...each medical student is assessed ...formal formative feedback early enough ...to allow sufficient time for remediation

• 9.8  Fair and Timely Summative Assessment
  ...a system of fair and timely summative assessment of medical student achievement in each course and clerkship.
The Learning Environment

• Free from:
  – Intimidation
  – Fear
  – Exclusion
  – Inappropriateness
    • use of titles, humor, language, and physical
  – Biases
    • Patients
    • Gender, race, sexual orientation, and religion
Unconscious bias

- Unconscious or Implicit or Hidden Bias
  - Social stereotypes about certain groups of people that individuals form outside of their own conscious awareness
  - Brian vs. Emily
  - Sarah vs. Lakisha
  - Mother vs. non mother
Unconscious Bias

• Everyone has it
• Affects:
  – Evaluations
  – Recommendation letters
  – Promotions and hiring
• Want to know more? [http://implicit.harvard.edu](http://implicit.harvard.edu)
Millenials

- Use to winning
- Sensitive to criticisms
- Want to be coached, guided
- Millenials appreciate:
  - Feedback- real time
  - Set expectations
  - Use of technology
  - Life work balance
  - Accessibility
  - Team work and also like to take ownership of the patient
  - Specific examples of what was done wrong and what was done right
Student feedback- FM clerkship

- “Differentials and diagnostic tests”
- “Emphasize plan and assessment”
- “Presentation instructions”
- “Letting students perform “forbidden” exams.”
- “Physical exam skills”
- “Direct observation”
- “Tell residents to give students opportunities to interview patients on their own. Before bursting into the patient room after 5 minutes and give us zero opportunity to actually apply anything we have actually learned.”
- “I do not know why I got poor evaluations. The comments section didn’t really explain it well”.
Giving feedback -
Step 1. Learn Institutional Standards/Expectations

- There are program goals and objectives
- Clerkship goals and objectives
- Student evaluation forms
- Please visit www.ttuhscl.edu
Prioritizing expectations/standards

• # of completed clerkships
  – July
    • Students are just starting their clinical rotations and they need exposure to patients
  – December
    • Two clerkships are complete
  – May
    • End of third year and most experienced

• Off - cycle medical students
• Struggling medical learner
Giving feedback
Step 2. Pre-planning

• Pre-planning
  – Review clinic schedule before session
  – Find good teaching patients
  – Give specific instructions to MA and student
  – Have evaluation present to jot down notes
  – Questions - guidelines, medication side effects, PE findings
  – Time limits
    • Allow *meaningful time* for student-patient interaction
ONE MINUTE LEARNER
FOR THE STUDENT:

One Minute Learner Huddle
Have this brief discussion with your preceptor before the session starts
- Prepare by thinking about your learning goals before your huddle with your preceptor
- Preview the schedule and charts

“Can I touch base with you quickly about the plan for this clinical session?”

1. GOALS: Remember to be specific!
   (1) Preceptor’s and (2) Learner’s (3) Think about your current level/stage
   “Are there specific patients/diagnoses/skills I should focus on?”
   “I have been in clinic for 3 weeks, so I am very comfortable with the patient population. I need to work on giving the full plan and patient education directly to the patient.”

2. GETTING GOING: When, how and who should I see?
   “Should I room patients myself?” “Should I see any patient that is available?” “Should I see (or not see) specific patients?”

3. HOW MUCH and HOW LONG
   “How much of the visit should I do on my own?”
   “How long should I spend with the patient?”

4. PRESENTING: Where and how?
   “Where should I present to you?” “What presentation format should I use?” “How detailed a presentation do you want?”

5. CHARTING: When and how?
   “What format should I use for my notes?”
   “When should I write them?”

6. QUESTIONS:
   “When is a good time to ask questions that come up?”
   “What is a good resource to use to look up information?”

ONE MINUTE LEARNER
FOR THE PRECEPTOR:

One Minute Learner Huddle
Have this brief discussion with your student before the session starts
- Have the student prepare for this conversation
- You and the student can preview the schedule and charts

1. GOALS: Remember to be specific!
   (1) Student’s current level of training/experience
   (2) Student’s specific goals
      - Encourage student’s self assessment
   (3) Your goals for the student
      - Use your observation of their performance

2. GETTING GOING: When, how and who should the student see?
   - Should the student see any patient that is available? See (or not see) specific patients?
   - Should the student room patients themselves? Talk with your MA or nurse?

3. HOW MUCH and HOW LONG
   - How much of the visit should the student do on his/her own?
   - How long should the student spend with each patient?

4. PRESENTING: Where and how?
   - Where should the student present to you?
   - What presentation format should be used? How detailed a presentation do you want?

5. CHARTING: When and how?
   - What format should the student use for notes?
   - When should the student write notes?

6. QUESTIONS:
   - When is a good time to discuss questions the student has?
   - What is a good resource to use to look up information?
Giving feedback
Step 3. Feedback tools

• Effective feedback:
  – Timely and in an appropriate setting
  – Specific and descriptive
  – Based on observations
  – Prioritized
  – Climate of mutual trust and respect
  – Based on explicit common goals
Feedback sandwich

- Objective and specific
  - Done well
  - Areas for improvement
  - Done well
One-minute preceptor

• Get a commitment
• Probe for supporting evidence
• Reinforce what was done well
• Give guidance about errors and omissions
• Teach a general principle
ARCH feedback model

• A
  – Allow/Ask for self-assessment

• R
  – Reinforce what was being done well (attitudes, skills, behaviors, and knowledge)

• C
  – Confirm what needs correction or improvement

• H
  – Help the learner with an action plan for improvement and coach as needed
Giving feedback
Step 4. Written evaluations- bias revisited

• **Women**
  – Shorter phrases
  – Less focused
  – Doubt raisers
  – Use of gender terms
    • Grindstone adjectives-
      more associated with effort
      – Hardworking
      – Meticulous
      – Conscientious
      – Insightful
      – Delightful

• **Men**
  – Excellent
  – Superb
  – Standout and unique
  – Outstanding
  – No gender terms
Summary

- Aware of unconscious bias and the learning environment
- Familiar with PGO and CGO
- Preplanning (faculty and faculty with student)
  - One Minute Learner
- "STOP" to give feedback
  - Verbal
  - Written
- Tools
  - ARCH method
  - One-minute preceptor
  - Feedback sandwich
- Document well for Director to complete summative assessment
References

• Guerrasio, J., & Association for Hospital Medical Education. (2013). Remediation of the struggling medical learner. Irwin, Pa: Association for Hospital Medical Education.