FEEDBACK DURING CLINICAL SKILLS SESSIONS

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WHAT IS THE MEDICAL SKILLS COURSE?

• Pre-Clerkship (MS1 & MS2)

• The basic skills of doctoring
  • Communication
  • History & Physical Exam (using Standardized Patients “SP”)
  • Interpreting diagnostic studies
  • Diagnostic reasoning
  • Performing procedures

• The Center for Advanced Teaching and Assessment in Clinical Simulation (ATACS)
COURSE FACULTY

Course Director
Thwe Hay MD, FACP

Course Co-Directors
Gordon Woods, MD, MHPE, FACP
Maureen Francis, MD, FACP

Course Faculty
Sylvia Gonzalez, MD, FACN
Laura Gorby, RN, MSN
Irma Estrada, RN, MSN
IT’S ALL ABOUT SKILL LEARNING!

<table>
<thead>
<tr>
<th>Domain</th>
<th>Knowledge Acquisition</th>
<th>Skill Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty role</td>
<td>Teacher</td>
<td>Mentor</td>
</tr>
<tr>
<td>Feedback</td>
<td>Any time/ASAP</td>
<td>Real time</td>
</tr>
<tr>
<td>Setting</td>
<td>Anywhere</td>
<td>Simulated</td>
</tr>
<tr>
<td>Repetition need</td>
<td>Variable</td>
<td>Mandatory</td>
</tr>
</tbody>
</table>
MODES OF FEEDBACK USED IN SKILLS SESSIONS

- Standardized patient (formative feedback)
- Peer observer (student to student) (formative feedback)
- Debriefing sessions (formative feedback)
- Skills practice sessions (formative feedback)
MODES OF FEEDBACK USED IN SKILLS SESSIONS (CONTD.)

• Open labs (formative feedback)

• SPERRSA (STANDARDIZED PATIENT ENCOUNTER REVIEW & REFLECTIVE SELF-ASSESSMENT) (formative feedback)

• H&P workshop

• Dialysis Center (both formative & summative feedback)

• OSCE (formative feedback during summative exam)
STANDARDIZED PATIENT’S FEEDBACK

• Formative feedback from SP to student
• Both written and verbal
• During simulated history and physical examination encounter
• Occurs weekly
STANDARDIZED PATIENT (SP) CHECK LIST

- Standardized patient-based feedback
- Checklists includes assessment on:
  - interpersonal communication skills
  - history & physical exam skills
  - professionalism
- Free-text commentary on the non-cognitive components of student's performance
- SP makes entries into the Learning Space Database. Student can view them on the web.
STANDARDIZED PATIENT FEEDBACK
PEER OBSERVER (STUDENT TO STUDENT) FEEDBACK

- A peer observer quietly watches the interaction.
- Occurs weekly
- Power of peer influence
PEER OBSERVER FEEDBACK

- Observer’s guide check list
- Peer observer to share his/her observations with the interviewing student
- Both verbal and written feedback
## Peer Reviewer's Check List: Approach to Acute Abdominal Pain

Peer observer name: ___________________________  
Interviewing student name: ___________________________

<table>
<thead>
<tr>
<th>Aspect of Performance</th>
<th>Sub-optimal performance</th>
<th>Meets expectations</th>
<th>Performance exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began with an open-ended question</td>
<td>Started with directive questioning</td>
<td>Started with an open-ended question</td>
<td>Started with an open-ended question and guided the patient's narrative</td>
</tr>
<tr>
<td>Clarified the chronologic timeline over which symptoms developed</td>
<td>Timeline remained uncertain</td>
<td>Timeline well clarified</td>
<td>Timeline clarified and order of symptom development established</td>
</tr>
<tr>
<td>Clarified location of pain</td>
<td>Location remained unclear</td>
<td>Location clarified and exam used to confirm location</td>
<td>Location clarified and used to narrow the list of possible diagnoses</td>
</tr>
<tr>
<td>Based on location of the pain, asked focused questions</td>
<td>Asked general questions</td>
<td>Used location of pain to focus questioning</td>
<td>Asked focused questions and correlated this with exam maneuvers</td>
</tr>
<tr>
<td>Menstrual history (as appropriate)</td>
<td>Overlooked menstrual history</td>
<td>Took a menstrual history</td>
<td>Menstrual history in clinical picture</td>
</tr>
<tr>
<td>Remembered to wash hands</td>
<td>Overlooked hand washing</td>
<td>Remembered to wash hands</td>
<td>Remembered to wash hands</td>
</tr>
<tr>
<td>Examined the sclera for jaundice</td>
<td>Did not examine sclera</td>
<td>Examined sclera</td>
<td>Checked sclera and commented on the likelihood of a liver/biliary condition</td>
</tr>
<tr>
<td>Checked the oral membranes for dryness</td>
<td>Did not check mouth</td>
<td>Checked mouth</td>
<td>Checked mouth and commented on the state of hydration</td>
</tr>
<tr>
<td>Performed auscultation, then percussion, then lightly palpated in all areas of the abdomen</td>
<td>Forgot to listen to bowel sounds</td>
<td>Listened to bowel sounds, then percuss in four quadrants, then lightly palpated in all areas</td>
<td>Listened, then percussed, then palpated while explaining findings and acknowledging patient's discomfort</td>
</tr>
<tr>
<td>Checked for peritonitis using either percussion tenderness or Blumberg's sign</td>
<td>Overlooked, or incorrectly performed maneuver</td>
<td>Correctly performed percussion tenderness or Blumberg's sign</td>
<td>Correctly performed maneuver while demonstrating awareness of the patient's discomfort</td>
</tr>
<tr>
<td>Checked for cholecystitis using Murphy's sign</td>
<td>Overlooked, or incorrectly performed maneuver</td>
<td>Correctly performed Murphy's test</td>
<td>Correctly performed Murphy's test while demonstrating awareness of the patient's discomfort</td>
</tr>
<tr>
<td>Checked for appendicitis using McBurney's point tenderness</td>
<td>Overlooked, or incorrectly performed maneuver</td>
<td>Correctly performed palpation for McBurney's point tenderness</td>
<td>Correctly performed maneuver for appendicitis, demonstrating awareness of the patient's discomfort</td>
</tr>
<tr>
<td>Provided effective closure</td>
<td>Forgot to review findings</td>
<td>Summarized the findings</td>
<td>Reviewed and discussed findings and next steps together with patient</td>
</tr>
</tbody>
</table>

Comments:
TIPS AND TECHNIQUES FOR PEER OBSERVER FEEDBACK

• **NOT** an opportunity for one student to act as an expert
• **NOT** an evaluation or judgment of the other person’s abilities
• Start with positive behaviors, then move to what can be improved.
  
  “I thought your explanation of the plan was clear and easy to understand.”

• Give feedback using **descriptive**, non-judgmental language.
  
  “You didn’t shake the patient’s hand.”
  Not, “You seemed rushed.”

• Limit feedback to 1-2 important points for improvement
DEBRIEFING SESSION

- Group debriefing following standardized patient encounters
- Faculty observes student interaction with SP on video monitoring
- Verbal feedback to the group on their SP encounter
- Faculty lead and write a collaborative group SOAP note
- Each student be able to compare their own SOAP note to the group's note and identify opportunities for improvement

(self reflection feedback)
CLINICAL SKILLS PRACTICE SESSION

• One on one feedback to each student is provided by faculty supervising the skill practice stations

• Instant verbal feedback
OPEN LAB

• Optional physical exam skills practice session with faculty
• Weekly for students who choose to practice physical exam skills more
• One-on-one instant verbal feedback by faculty on physical exam performance
• Formative feedback
FEEDBACK DURING OPEN LAB
SPERRSA (STANDARDIZED PATIENT ENCOUNTER REVIEW & REFLECTIVE SELF-ASSESSMENT)

- Small group sessions with Faculty Nurse Educators
- Faculty guides review of student's performance in the SP encounters on
  - verbal and written communication,
  - interpersonal skills, and
  - clinical reasoning
- Faculty reviews
  - videotape of the students’ encounter with SP
  - student’s SOAP note
- Both written and verbal feedback from SPERRSA were given in the same day
SPERRSA (STANDARDIZED PATIENT ENCOUNTER REVIEW & REFLECTIVE SELF-ASSESSMENT)

- Small group session reviewing one videotaped SP encounter --> Group feedback on verbal communication skills (peer to peer feedback & verbal feedback from faculty)

- Students pair up and critique each other’s SOAP notes using rubric and faculty’s sample SOAP note (peer to peer feedback)

- One to one feedback from faculty on each student SOAP note (verbal and written feedback from faculty)
H&P WORKSHOP

H&P workshop with SP (formative feedback)

- One-to-one, face-to-face individualized review and feedback from faculty on each student’s complete H&P note (30 - 60 mins)
- Faculty provides verbal and written feedback by using the standardized grading rubric.

Hospital H&P workshop (formative & Summative feedback)

- Students interview and examine two patients and submit these write-ups to the course faculty for grading electronically on Canvas.
- Faculty provides the narrative individualized review and written feedback to each student electronically using the grading rubric.
- The second write-up must meet an appropriate level of quality in order for the student to pass the course. (summative written feedback)
DIALYSIS SESSION

- Renal Unit of SPM Course (MS1)
- Students visit a dialysis center.
- Each interview a dialysis patient.
- Performs assessment of psychological and social factors aspects of health & disease
FEEDBACK DURING DIALYSIS SESSION

• Students submit write-ups to the course faculty electronically on Canvas.

• Faculty provides the narrative written feedback to each student electronically using the grading rubric.

• Grades are included in the end of the unit assessment. (summative feedback)
FEEDBACK DURING OSCE

• Physical Exam Skills evaluation station
• Faculty evaluates physical exam skills, using predetermined criteria check list
• One-to-one verbal feedback from faculty to student on their performance on physical examination skills
"REAL WORLD' INCIDENTS OF FEEDBACK IN A CLINICAL TEACHING ENVIRONMENT (CLEVELAND CLINIC)"

FEEDBACK TIPS

• Positive feedback first!

• Avoid using blaming language ‘should’ that shames the learner
  “In my experience, it is less/more effective when you…” or, “You might consider…” Rather than “You should”

• Use open ended questions
  “Which aspects did you think went well with that procedure? Which do you think you can improve on?”

• If a trainee seems to reject any negative feedback, explore why he/she feels like this rather than just leaving it to be taken on board

E A Hesketh, J M Laidlaw. Feedback, Scottish Council for Postgraduate Medical and Dental Education