Module 4:
Giving Effective Feedback

Quick Tips
1. Read through the slides and facilitator's guide.
2. Adapt the slides for your context (ie. add in site or specialty specific information).
3. Review the presentation in "Slideshow" view so you are familiar with the animation.
4. There are two ways to run the videos:
   a. Switch between the video and presentation using "Alt+TAB" (PC) or "Clover +TAB" (Mac).
   b. Embed the video. Visit the Help page on the Residents as Teacher website for instructions.
      i. Add a new slide for each video you plan to use before the current slide labeled "video".
      ii. On the current slide, remove the black box labeled "video."
      iii. Renumber slides below to account for additional video slides
5. All times have been listed for the videos in the notes page and facilitator's guide.
6. Print out the facilitators guide.

SLIDE #	NOTES
Slide # 1	Add your name, title, and date to this slide. Begin presentation by asking the following questions (a show of hands): *"How many of you feel that giving feedback is a part of your job in teaching students?"* *"How many of you like giving feedback, look forward to it?"* *"How many of you feel that you got enough feedback as a medical student or trainee?" "How about in your current job?"* *"How many of you have successful strategies to get your housestaff and faculty to give good feedback?"* "Well, today, we're going to spend some time on talking about effective strategies for giving feedback."
Slide #2	Briefly review this slide with learners. "Here's what we're going to do today…"
Slide #3	Rationale for Giving Feedback in Medical Education "Jack Ende - the "father of feedback" in medical education -wrote this often-referred-to JAMA article on feedback in 1983." Classical apprenticeship is simply "see one, do one, teach one" – without much explicit feedback or dialogue between apprentice and teacher. A little like a violin teacher playing a sonata…. sending you off to a sound proof practice room to play it by yourself…and then sending you off to teach someone else.

	Clearly "Without feedback, our learners may not know how they are doing, if they are doing well, or if there are elements of their performance that need to be improved so that they can be competent." Additionally, we'd like to suggest to you today that…good feedback promotes reflection
Slide #4	Review each point with the group and remind them that "Feedback is not Evaluation!"
Slide #5	Ende Principles of Good Feedback pulled from the: Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781
Slide #6	What are biggest challenges?? Anticipate: #Skewed towards positive or neutral: easier to give and receive than being "negative"; students want praise; affective component **Millenial Generation** # Positive feedback often = personal praise…perceived to be judgment about the **person** rather than the **behavior**: important to separate the person from the work/behavior #nonspecific #may be interpreted by trainee as a trainee's worth #difference between what the teacher and learner hear #lack of preparation by teacher #learners not comfortable with self-reflection – not a natural or practiced skill #environment (ED, nurses station) not comfortable or confidential #no systematic approach # use of concrete feedback, while desired, may preclude more higher functions like reflection and active engagement of the learner
Slide #7	Why are educator's failing at feedback?
Slide #8	Domains of feedback
Slide #9	Sleeping Video Part 1: Now we'd like to show you an example of what has traditionally passed as feedback, on the part of the housestaff, to our patients on inpatient clerkships. While you're watching, please take notes on what you observe. Be prepared to discuss this with a partner. We'd like you to take particular attention to what the residents think of the student; to what kind of feedback was delivered; and how did the student respond Anticipate #judgmental #making assumptions #judgements and impressions were more about the **person** than the **behavior** #feedback is based on direct observation (that's good)

	#no use of meta-cognition #affective component of this process can be difficult #summative, rather than formative "no no…you're good" AT OUT INSTITUTIONS, RESIDENTS REPORT: #Student experience strongly dependent on team dynamics: being part of the team or feeling excluded #Best/worst experiences related to preparing and performing presentations or bedside skills #Corrective feedback least well executed and most difficult
Slide #10 VIDEO	Watch: Sleep_1_bad video: (3:19) Click "Alt+Tab" to move from PPT to video. Click "Alt+Tab" to tab back to the PPT. Click "Resume Slideshow" Discuss your observations with a partner.
Slide #11	Sleeping Video Part 2: Again ask learners to watch the good video and note the differences.
Slide #12 VIDEO	Watch Sleep_1_good video: (5:07) Click "Alt+Tab" to move from PPT to video. Click "Alt+Tab" to tab back to the PPT. Click "Resume Slideshow" After the video discuss the questions from slide #11. Be mindful of the following: Deals with decisions and actions rather than intentions or interpretations Aligns goals of teacher and learner Well timed and expected Based on observation Regulated in quantity and limited to remedial behavior Uses descriptive rather than evaluative language Deals with specific performance
Slide #13	The "good" video was designed to have room for improvement. Discuss.
Slide #14	Here's a look at the expected and more advanced aspects of aspects of professionalism that are addressed in giving feedback.
Slide #15	This image represents old the paradigm of giving feedback. Students can anticipate the criticism after you praise. Some students will only hear the praise while others will only focus on the criticism. "The problem here is that it really becomes junk food." Is appealing at first glance, but is it really more palatable? Is that what you really want?

	"Our learners are not involved in this sandwich delivery , we're treating them like a non-thinking entity."
Slide #16 **The New** **Feedback** **Sandwich**	"The alternative is a different sandwich the origins of which lies in the patient/physician communication-skills literature - ask-tell-ask is a model for giving patient information." "This feedback sandwich is easier to swallow—and better for you—because it involves a dialogue between patient and doctor—as well as between teacher and learner."
Slide #17	ASK: [Briefly review the "ask" portion of the approach with group.] This step of ASK allows the teacher to learn how much the learner may feel is "at stake" in this feedback session.
Slide #18	TELL: [Briefly review the "tell' portion.] If using subjective feedback, use the "I" statement: "**I** noticed on rounds that you seemed nervous or uncomfortable…" ? Ende: "Generalizations, such as references to a trainee's organizational ability, efficiency, or diligence, rarely convey useful information and are far too broad to be helpful as feedback".
Slide #19	ASK: Briefly review this slide
Slide #20	"It is important to limit the amount of information given in the ask-tell-ask feedback approach. If too much information is given, the learner is apt to forget or be confused about the most important message(s). Ask learners "How many pieces of feedback is it okay to give?" Generally 2-3 pieces of feedback is manageable.
Slide #21	Before giving feedback: "To make a sandwich, you need to plan ahead." [Review ways of preparing to give feedback before the actual interaction takes place.] Consider: what stage is this learner at? Set a time – major feedback should not take student by surprise Plan what you will say *Play out the conversation in your head* *At what stage is this learner?* *What is at stake for this learner?* *Are you separating the person from the behavior?* Make sure that you have enough information *Is it specific enough, or is it just gestalt?* *Think about who else you need to collect information from* If feedback is second hand, try to obtain specific, documented behaviorally based information

Slide #22	After giving feedback: [Explain that after one gives feedback to learners in actual situations, it is also a good idea for the feedback giver to reflect on how the interaction went. Here are some areas to help guide this reflection.]
Slide #23	Benefits of ATA: This is a skill set that should seem familiar to all of us: very similar to the approach in a patietn encounter We think that this approach respects the potentially fragile ego of a typical 3rd year student, and delivers hard-to-hear feedback in a less threatening manner.
Slide #24	[Review slide to end the session.]