Formative Feedback: Essentials & Strategies

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At the conclusion of this interactive session, participants should be able to:

- **Distinguish** between “evaluation” and “feedback”.

- **Describe** the components of a *reflective feedback conversation*.

- **Evaluate** sample comments to students in the Neurology clerkship using this model.
Formative Feedback

ESSENTIALS
In their systematic review of the literature on mentoring, Sambunjak, Straus & Marusic (2010) identified key characteristics that define the action of a “good mentor”. These include …

– Giving positive feedback and constructive criticism
– Identifying the learner’s assumptions through inquiry
– Helping learner identify areas for improvement
– Guiding learner in decision-making
– Fostering self-reflection
• **Reflective practice** is an expectation of lifelong learning, one that applies not only in the field of medicine but in all professions (Schön, 1983; Plack & Santasier, 2004).

• **Constructive (helpful) feedback** fosters reflection on practice and learning
Feedback or Evaluation?

- **Evaluation** tells the trainee whether they performed well or poorly.
- **Evaluation** helps the trainee understand the quality of their performance according to professional standards.

- **Feedback** tells the trainee the rationale for the instructor's evaluation.
- **Feedback** helps the trainee to understand not only what they need to improve but why.

- **Constructive Feedback** offers guidance as to **HOW** the trainee can improve performance.
• Educators offer feedback to learners to help them improve “knowledge and skill acquisition,” as well as motivate learning (Schute, 2008).

• Feedback tells the trainee
  – *how they performed*, that is, the reasons for the evaluative remarks.
  – It “… reinforce[s] strengths, and identif[ies] areas in need of improvement, ‘before it counts.’” – when there is still time to improve (Kogan 2013, 92).
Contextualize feedback with DESCRIPTIONS of specific, relevant, observable behaviors*

• Relate expectations to particular encounter or, where relevant, to the overall experience in clerkship

• *Behaviors, attitudes, demonstrations of knowledge (or lack thereof), and skills
• Feedback is something upon which the learner can take action to…
  – Continue good performance
  – Improve or enhance performance
• Feedback is ACTIONABLE
Reflective Feedback Conversation Model

Constructive “Correction”

Self-assessment

Constructive Compliments

Actionable Guidance

Describe relevant, observable behaviors
Frame feedback as a conversation
Promote student reflection on expectations, performance & WHAT/HOW to improve
1. INVITE Self-assessment
2. RESPOND with Constructive Compliments & Correction
To anchor Feedback to Established Expectations...
Keep it relevant, please

3. **DESCRIBE** Specific, relevant observable behaviors and...
4. PROVIDE strategic guidance for improvement
Invite or Promote Self-Assessment

Invite Self-assessment

- Understand the learner’s perspective
- Encourage the learner to rethink the encounter or their approach
- Encourage Thinking Aloud to foster reflection

- Strengths & Weaknesses in knowledge, behaviors, skills & attitudes
- Reflection for improvement
- Be specific
- Describe behaviors to support both critical and positive feedback

Describe relevant, observable behaviors

- Relevant
- Observable
- Specific

Offer
- Constructive Correction
- Critical
- Positive Feedback
Actionable Guidance

- **Be specific**
- **Describe** behaviors that support your evaluation of positive performance as well as those in need of improvement
- **Describe** examples of behaviors for learners to emulate
- **Offer** resources for development

Provide Actionable Guidance

- Advice
- Resources
- Modeling Suggested Action

Describe Relevant, Observable Behaviors

- **Student should read more**
- **Student should read practice bulletins in the specialty area of the clerkship to familiarize themselves with up to date information on best practices.**
Feedback or Evaluation?

• Pleasure to work with. Eager to learn. Great team member.

• Pleasant and excited to learn

• Personable. Inquisitive. Caring.

• Personable and timely.

• Overall, excellent medical student. Was enthusiastic and eager during the rotation and went above and beyond what was expected.
• STUDENT was punctual, always eager to help and showed interest in learning neurology

• STUDENT behaved appropriately in a clinical setting. She asked appropriate questions.

• STUDENT is like "a rocket", very fast, active, efficient, very useful in clinical care. It was a really pleasure to work with her. She knows medicine, she is very smart, nice with colleges and staff. She will be very good doctor, I suggested her to do surgical specialties, she will be number one.
Let’s give some feedback!

- **Review** the sample of comments to students
- **Determine** whether they qualify as evaluation or feedback
- **Discuss** with a partner what you could to make any of these non-feedback statements “actionable”
- **Submit** your answers to the poll

WHAT DO YOU THINK?
Wonderful medical student. One of the most knowledgeable that I have come across. Have high hopes for him. He has a great attitude & is eager to learn professional hard working. A pleasure to work with.
• STUDENT did a very fine job with some difficult patients in my Headache Clinic. He has an affable demeanor & was able to gain quick rapport with patients--a very useful skill that will benefit him greatly in the future. Very good at documentation: written notes are accurate and concise, but with the proper attention to the details of a patient's complaint. His good writing documentation skills will also serve him well in his future. Overall, a pleasure to work with.
• STUDENT was an excellent student- she was focused on learning neurology (always looking up things she did not know or understand), displayed exceptional bedside patient care and was always on time. Very personable, efficient. Self-directed
I was very impressed by STUDENT. She was efficient, enthusiastic, and clearly thirsted to dig deeply into subjects when asked. STUDENT’S background as a CV-ICU nurse clearly puts her well ahead of her classmates in everything from presentation to medical knowledge. But, what really makes STUDENT standout is the in-depth reading she does outside the classroom. She had clearly been told that I do not like Up-to-date, and took that to heart. She went and read the primary literature on botulism and Myasthenia Gravis. STUDENT was also a tremendous team player. She was asked to summarize a very complicated patient whose diagnosis was in question, and she did a phenomenal job on that. There are two things STUDENT should work on to live up to her potential- 1. Coming up with her own plan (pt has MG exacerbation, I think we should give him IVIg. Or the patient is anemic- here's how I think we should work it up) and 2. reading on her own (i.e. without my saying- look up X on botulism, bringing her own lit reviews about what she thinks is important for X patient.) STUDENT has tremendous potential and I have no doubt she will exceed my expectations. (And I hope she comes back and does an elective in Neurology.)
STUDENT was a pleasure to have on service. I expect a great deal from medical students and am rather hard on them because I will constantly correct their presentations. In addition, I expect them to develop plans for the patients and drive our understanding of the patient and the pathophysiology. STUDENT took these expectations in stride. He was really on top of his patients, worked diligently on his presentation skills, dove deep into finding out critical but obscure details on a complicated patient, and through it all- maintained his sense of humor (which is dry and very appreciated). As with all medical students, STUDENT has areas for growth, which include: more succinct patient presentations (both initial and daily), reading a little more deeply on his patients (bring me studies on clinical presentations between cauda equina syndromes and conus), and continuing to push himself to develop the plan for the patient. On his last day, STUDENT laid out why he thought this challenging patient had drug-induced parkinsonism rather than idiopathic PD. Only time will tell if he's right but the ability to build his case and put it out there should be highly applauded in a medical student!
The Assessment Form

It is very important that you explain student performance for each of the competencies listed. The clerkship director relies on this information when assigning student's grades, and Senior Associate Dean for Student Affairs uses this information in writing Dean's Letters.

You can explain the ratings you assigned by commenting on the competencies separately (refer to the "Comments" section below each competency) and/or you can aggregate your comments in the "Summary Comments" section at the end of the survey.

Overall Comments:

Remaining Characters: 5,000

Conflict of Interest Opt Out

☐ I am unable to assess this student's performance due to a conflict of interest (e.g., I have a personal association with the student/family; I have provided health care for the student; I am the student's Society mentor).

MEDICAL KNOWLEDGE

Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes
Applying the Reflective Feedback Conversation Model to the Qualitative Analysis of Comments in Student Assessments in the Neurology Clerkship
We can enhance comments

- If you use a **superlative** in your comment
  - excellent funds of knowledge
  - great student
  - great team member
  - Excellent communication skills
- If you write **any evaluative** remark
  - Should read more
  - Communication skills need work
  - Does not relate to patients well
Ask yourself…

- What did I **observe** that made me conclude this?

- Can I **describe** some **specific observable and relevant** behavior or skill performed that would tell the student **what** they should repeat and what to improve?

- Can I **explain WHY** the student EARNED this assessment?

- What guidance or advice can I give them that would promote the student in taking **action** to improve?
• Make it actionable

• **Remember** - Every aspect of the reflective feedback conversation model turns on the description of relevant, observable behaviors.
• Explain the process
  – This is a *conversation*
  – Encourage the student to participate *actively*
    • Evaluating the experience
    • Self-assessing performance
    • Engaging in goal-setting
• Let the student know in advance, you expect them to prepare for this conversation (professionalism)
In Narrative Feedback...

Constructive "Correction"

Invite Self-assessment means *Promote Reflection!*

Describe relevant, observable behaviors

Constructive Compliments

Actionable Guidance
Reflective Feedback Conversations Guide: Using an Integrated BDA and RIME Framework

Using BDA/RIME for Teaching & Feedback in Clinical Settings
References: Feedback


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