Constructive Narrative Feedback

Sean P. Elliott, M.D. Paul St. John, Ph.D.

Feedback - Definitions

- Summative feedback
- Formative feedback
- Narrative feedback
- Who is receiving feedback?



Generations and expectations

- Baby Boomers vs. New Millennials
- Generations share "life experiences"
- Commonalities:
 - Values
 - Beliefs
 - Attitudes
 - Behaviors
 - Perceptions of the world

Baby Boomers

- Born between 1946 1964
- Raised in prosperity
- Nuclear family
- Values:
 - Workaholic
 - Service-oriented
 - Optimism
 - Personal gratification
 - Technology = nice, but not necessary



Baby Boomers

- Dependent on educators for content (didactic lecture)
- "The Sage is on-stage"
- Educational environment = stress free
- Wants to know "what" and "how" before "why"
- Process-oriented >> outcome oriented



- Born between 1980 2000
- Exposed to technology entire life = "tech savvy"
- Culturally diverse
- 1/3 raised in single parent household
- Coming of age in post-9/11 era, economic downturn
- Values:
 - Public safety
 - Saving money
 - Technology = necessity



- 1. Millennials feel they are special
 - Strong relationship with parent(s)
 - Rewarded for participation >> performance
 - "We are all winners"
 - Helicopter parents = involved/micro-manage



Monaco & Martin, ATEJ 2007;2:42-46

- 2. Millennials are sheltered
 - "Baby on Board"
 - Safety = priority
 - Expect rules AND enforcement
 - Parent-driven "free-time" = extracurricular activities
 - Soccer Moms
 - Decreased opportunity for:
 - Independent thought
 - Creativity
 - Decision-making skills



- 3. Millennials are team oriented
 - Uncomfortable working alone
 - Higher risk of personal failure if alone
 - Prefer cooperative work
 - Prefer collaborative learning



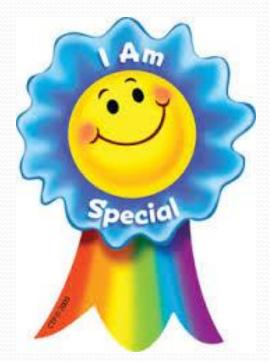
- 4. Millennials are confident and highly optimistic
 - Easy attainment of "success" in school w/o effort
 - Big dreams & high expectations
 - Stunned when don't achieve A's or B's
 - Used to instant access
 - Demand immediate communication
 - Impact on feedback?



- 5. Millennials are pressured
 - Pressured to constantly perform for "Judge"
 - Demand constant feedback
 - Unable to proceed without feedback/direction
 - "Coach" phenomena?



- 6. Millennials have strong desire to achieve
 - Result of feeling "special"
 - Result of expectations for great achievements
 - Performance for parents' sake?



- 7. Millennials are conventional
 - Respect cultural differences
 - Great cultural variety
 - Peacekeepers, not rebels



- Educators = substitute for parent
- Doing >> Knowing
- Learn through trial & error (video-game model)
- Multitasking
- Expectations: constantly challenged to do more
- Educational pace >> ability of faculty to teach



How to Engage the Millennial

• Simulations:

- DOING & Collaboration
- Fun, interactive, challenging
- Stressful = Sports/Competition model
- Immediate feedback and evaluation
- Mentoring:
 - Customized learning environment
 - Personal touch, supportive/encouraging
 - Ongoing, immediate feedback/support
 - "Coach"

How to Engage the Millennial

• Simulations:

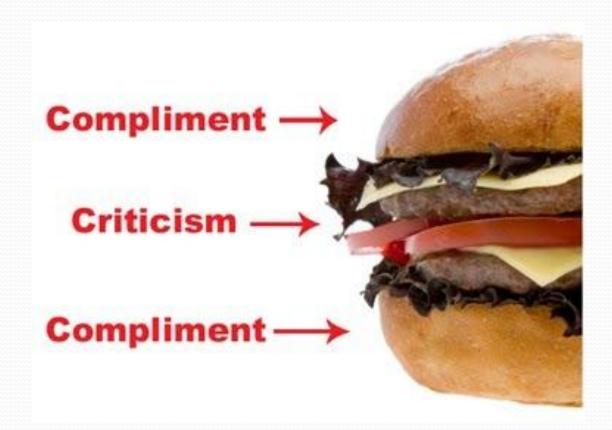
- DOING & Collaboration
- Fun, interactive, challenging
- Stressful = Sports/Competition model
- Immediate feedback and evaluation
- Mentoring:
 - Customized learning environment
 - Personal touch, supportive/encouraging
 - Ongoing, immediate feedback/support
 - "Coach"

Giving Feedback

- Examples of Negative Feedback
- Examples of Positive Feedback



Compliment Sandwich... Is Dead



Compliment Sandwich





Giving Feedback

- Why?
 - Positive effects
 - Negative effects
- When?
 - Immediate
 - Planned/Delayed
- Where?
- Who?
 - Learners AND Teachers

Giving Feedback

- How?
 - Negative feedback ☺
 - Disservice not to give negative feedback
 - Give feedback in a formative fashion
 - "Golden Rule"
 - NO character assumptions!

• Pediatric Milestones:

- ACGME/AAMC competencies:
 - Patient Care
 - Medical Knowledge
 - Practice-Based Learning and Improvement
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-Based Practices
- Performance-based evaluation



- Patient Care
- Sub-Competencies X 13
- Patient Care 1: "Gather essential and accurate information about the patient."
- Evaluate level of skill on Developmental Model
- Beginner Novice Developing Near Mastery -Mastery

Developmental Milestones

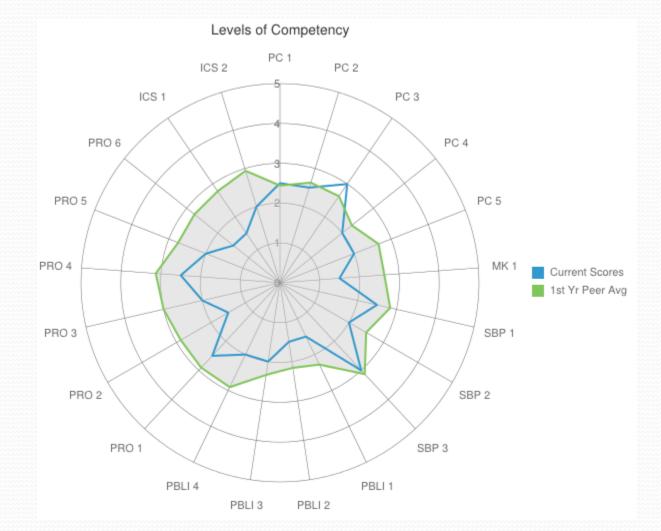
- Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited,⁷ with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.
- Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives as well as broad diagnostic categories.
- Advanced development of pattern recognition leads to the creation of illness scripts, which allow information to be gathered while it is simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.⁸
- Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.
- Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.

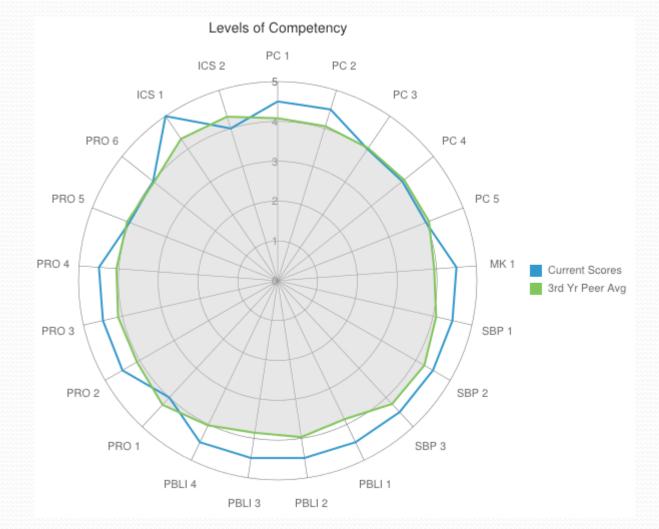
- Map Evaluations to Milestones:
 - Different reporters = different milestones
 - Reporters: Faculty, Peers, Nursing, Patients, SCOs, QI facilitators, Teaching curricula facilitators, ?Leadership & Resident Wellness facilitator
 - Create NI surveys and assign to proper reporter.
- Multiple reporters per milestone per student

PC1. How does the resident gather and process information in the clinical setting?

Beginner		Novice		Developing		Near Mastery		Mastery		
Gathers too		Uses experience		Can focus		Has well-		Has robust disease		
much/little		from prior		information		developed		recognition which		
information;		encounters to		gathering and		pattern		allows highly		
cannot organize		adapt		generation of		recognition which		efficient, pertinent		
or filter		information		differential Dx			allows precise		information	
information		gathering; starts		based on			diagnosis for		gathering and	
effectively		to filter info to		advanced pattern		most pediatric		accurate diagnosis		
		produce broad		recognition		diseases based on		in all but the most		
		differential Dx.				thorough info		complex diseases		
						gathering				







- Entrustable Professional Activities (EPAs)
- "Cares for the well-child"
- Map the milestones to EPA
- Patient Care 1: "Gather essential and accurate information about the patient."
- Create Observable Professional Activity (OPA)...
- Identify evaluation tool for OPA

Suggestions – General Principles

- Prompt, regular
- In-person better than messenger. Email?
- One or two issues at a time
- Not too much negative
- Feedback for positive performance/behavior, too
- The "sandwich" may not be best
- Do not use "but," "however," or "although"

Suggestions – Step-by-Step

- 1. Ask for permission to give feedback
- 2. Choose a private place, particular for negative
- 3. State what <u>you</u> observed
- 4. Be specific and avoid attitudes
- 5. State the consequences of what you observed
- 6. Pause and ask for the person's reaction
- 7. Explain/discuss concrete next steps for improvement

