Feedback

Priya Jain, MD MEd
Program Director Retreat
04/12/2023
I have no disclosures to report.
“Good Feedback Is the KEY to Improvement”
Three Key Points

• Feedback culture has changed

• Feedback ⇛ Evaluation

• Trainees *want* frequent, low-stakes, formative feedback
FAME Feedback Consultant Project

• 11 Core Departments
  • Anesthesia
  • Dermatology
  • Emergency Medicine
  • General Surgery
  • Internal Medicine
  • Neurology
  • OB/Gyn
  • Orthopedics
  • Pediatrics
  • PM&R
  • Psychiatry
FAME Feedback Consultant Project

• Feedback Champions
• Identify a “slice” of the pie – a rotation or aspect of trainee feedback to focus on
• Feedback data audit
• Resident Meetings
• Faculty Development
• Process Changes
Feedback Data Audit

• Kudos to Brigid Dolan & Ibrahim Hakim, Jenny Lee & Angie Delk, Maja Sunleaf!

• Champions reviewed 1 year of data for their chosen “slice”

• Feedback rated on: Specific, Actionable, Tone

• Goal is to take this data back to departmental leadership and faculty
Feedback Data Audit

### Specific (includes behaviorally based feedback)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feedback does not reference specific competencies or behaviors</td>
<td>Specific competencies are commented upon, but no observations are made or examples included in feedback</td>
<td>Feedback includes competency-based comments that are behaviorally-anchored</td>
</tr>
</tbody>
</table>
Feedback Data Audit

### Actionable

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No actionable feedback. May include &quot;read more&quot;</td>
<td>Shares a domain for improvement without a way to improve and an improvement plan may not be intuitive to learner</td>
<td>Gives a specific plan for improvement</td>
</tr>
</tbody>
</table>
Feedback Data Audit

Tone

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comment supports a fixed-mindset and may be discouraging to the learner</td>
<td>Some fixed-mindset language but tone overall respectful and encouraging</td>
<td>Uses a growth mindset, avoids fixed descriptors, encourages further behavior change</td>
</tr>
</tbody>
</table>
Feedback Data Audit

- Numbers for specific, actionable & tone varied by department

- Likely linked to the feedback culture within the department

- All groups had room for improvement (most groups averaged in the 2-4.5 range)
Resident Meetings

• Feedback culture and teaching culture are intricately linked

• Trainees want more real time/in the moment feedback. They are less interested in forms and numerical data received months later.

• Trainees want to hear both the positives AND how they can improve.
Faculty Development

• A piece of the puzzle

• Faculty development sessions
  • Providing feedback with a coaching mindset -- What to keep doing and how to improve
  • Focus on improving the quality of feedback (specific, actionable, tone)

• Resource toolkit
  • TIME lectures
  • FAME modules
  • Articles for background knowledge
  • Infographics to distribute/review with faculty

• Coming soon: Coaching module
Faculty Development
Process Changes

• Within the “slice” of the pie chosen by the champion

• Based on feedback audit data & conversations with the residents

• Many departments implementing in July
Process Changes – Changing Forms

22. IGS2) Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not read others’ emotional responses in oneself or others</td>
<td>Begins to read emotional responses in oneself and others, but cannot yet effectively manage them</td>
<td>Reacts and reacts to emotions with professional behavior in nearly all situations and uses them to establish therapeutic alliances with others</td>
<td>Understands and manages emotions in most situations and effectively uses them to establish therapeutic alliances with others</td>
<td>Understands and manages emotions in all situations to foster therapeutic alliances and improve the health and well-being of others</td>
</tr>
</tbody>
</table>

☐ Not applicable

23. IGS3) Act in a consultative role to other physicians and health professionals

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents the patient’s history &amp; physical exam and arranges recommendations in the medical record, has difficulty focusing data gathering and presentation to the details relevant to the question asked</td>
<td>Filters and prioritizes information to reach a focused diagnosis, specific recommendations and documentations; follows up on recommendations</td>
<td>Uses advanced knowledge and skills to develop focused, comprehensive recommendations that reflect best practice; develops relationships with referring providers</td>
<td>Identified as an expert who demonstrates advanced knowledge and vast experience with focused, comprehensive recommendations that include the strength of the evidence on which they are based; consistently develops collaborative relationships with referring providers</td>
<td>Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes of initial, educational, and/or research contributions to the field</td>
</tr>
</tbody>
</table>

☐ Not applicable
Process Changes – Changing Forms

4. During your shift together, what did the fellow do well? *

Enter your answer

5. Based on observations during your shift together, what can the fellow do to improve their performance? Please use at least one of the following phrases in your response: Because..., Next time..., Try..., Recommend..., Consider..., I suggest... *

Enter your answer

6. This feedback was discussed with the fellow post shift: *

- Yes
- No

Submit
Process Changes – Changing Forms

• Pros:
  • If done frequently, this is the low-stakes, formative feedback the trainees are looking for.
  • Trainees find this feedback more useful than numbers
  • Faculty often find this easier since they aren’t providing overall ratings, but rather specific feedback on performance today/this week/etc.

• Barriers:
  • Harder to directly translate to milestones/EPAs
  • Relies on faculty filling out the forms more frequently
Process Changes – Real-Time Feedback

• Structure/Expectation for verbal feedback
• Written feedback:
  • Department specific programs: KSB, myTIPreport
  • Individually created forms: Microsoft forms/Google forms
  • If using a non-New Innovations program, working on details to get feedback into New Innovations

• Available to all: New Innovations mobile app
  • Easy to use
  • Log-in q30 days (on mobile app)
  • Can create on-demand forms – initiated by trainee or faculty
  • Feedback is immediately available to the trainee
  • Jenny Lee can help! jennifer.lee@northwestern.edu

Frequent, low-stakes, formative feedback
Process Changes – Increasing Quantity

• Tracking, providing feedback #s to faculty and/or departmental leadership

• Incentives vs consequences

• Simple encouragement tends not to work well in the long term. We are all busy and fall into old habits.
FAME Feedback Consultant Project

• Feedback Champions
• Identify a “slice” of the pie – a rotation or aspect of trainee feedback to focus on
• Feedback data audit
• Resident Meetings
• Faculty Development
• Process Changes
• Audit of new data?
• Expand work to other departments/divisions/rotations?
Three Key Points

• Feedback culture has changed

• Feedback ⇛ Evaluation

• Trainees *want* frequent, low-stakes, formative feedback
Thank You!

- Marianne Green
- Josh Goldstein & the GME team
- Mary McBride
- Maja Sunleaf
- Brigid Dolan
- Ibrahim Hakim
- Departmental Champions
Questions?