GIVING EFFECTIVE FEEDBACK IN A COMPETENCY-BASED WORLD

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
OBJECTIVES

At the end of this session, participants will be able to:
1) Discuss the purpose, barriers, and characteristics of effective feedback in a competency-based medical education (CBME) training environment
2) Apply principles of effective feedback to practice scenarios using video recording and role play
3) Reflect on and incorporate strategies to support the delivery of effective feedback in their own practice
Why Are you really here?
HOW DO WE KNOW OUR RESIDENTS ARE COMPETENT TO PRACTICE?
CURRENT MODEL

• Time based
• “Tea-steeping”
WHAT ARE THE POTENTIAL PROBLEMS WITH THIS MODEL?
CBME

- Emphasizes abilities
- Oriented to outcomes
- De-emphasizes time-based training
- Is learner-centered
  - Learner is more engaged
  - Assessment “drives” learning

- Competence is a contextual construct
  - Physician has “a unique constellation of abilities at any time in any one context”

(Frank et al 2010)
MILLER’ S PYRAMID

- Knows
- Knows how
- Shows how
- Does
ASESSMENT IN CBME

• Shift to work-based assessment
  – “Assessment must be based on authentic encounters...” (Holmboe et al 2010)

• Frequent assessment
  – “Broad sampling is needed to generate confident judgment” (Tekian et al 2017)

• Accurate assessment
  – Assessors must have “knowledge of the competencies being addressed” (Lockyer et al 2017)
BUT IT ISN'T ENOUGH!
FEEDBACK IN CBME

• “...best assessment practice is about providing an opportunity for formative feedback that contributes to improved performance” (Humphrey-Murto et al 2017)
FEEDBACK IN CBME

• “For trainees, CBME requires enhanced attention to formative assessment to ensure they receive frequent and high-quality feedback to guide their development and the acquisition of the necessary competencies” (Holmboe et al 2010)
WHAT IS YOUR EXPERIENCE WITH FEEDBACK?
WHAT IS FEEDBACK?
PURPOSE

• Confirms behavior by encouraging repetition
• Corrects behavior by encouraging change
• Ensures there are no surprises for learners
PURPOSE

• Self assessment can be inaccurate

Davis et al 2006
### Table 1. The role of feedback in professional development

<table>
<thead>
<tr>
<th></th>
<th>Unconscious incompetence</th>
<th>Conscious incompetence</th>
<th>Conscious competence</th>
<th>Unconscious competence</th>
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</thead>
<tbody>
<tr>
<td><strong>Learner</strong></td>
<td>Low level of competence. Unaware of failings</td>
<td>Low level of competence. Aware of failings but not having full skills to correct them</td>
<td>Demonstrates competence but skills not fully internalized or integrated. Has to think about activities, may be slow</td>
<td>Carries out tasks without conscious thought. Skills internalized and routine. Little or no conscious awareness of detailed processes involved in activities</td>
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<tr>
<td><strong>Role of feedback</strong></td>
<td>Helps learner to recognize weaknesses, identify areas for development and become conscious of incompetence</td>
<td>Helps learner to develop and refine skills, reinforces good practice and competence, demonstrates skills</td>
<td>Helps learner to develop and refine skills, reinforces good practice and competence through positive regular feedback</td>
<td>Raise awareness of detail and unpack processes for more advanced learning, note any areas of weakness or bad habits</td>
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TYPES OF FEEDBACK

• Formative
  - In context of teaching
  - Often solicited
  - Penalty free
  - Guides

• Summative
  - In context of evaluation
  - Formal, prearranged
  - Determines competency
  - Consistent with learning objectives
  - Mirrors teaching/learning methods
LEARNER PERSPECTIVE

• Learners report:
  – Not receiving enough feedback
  – Feedback is inadequate or too late

(Isaacson, 1995; Bing-You, 1997; Hewson, 1998; Kogan, 2000; Parikh et al. 2001)
THE FEEDBACK GAP

- Feedback given ≠ feedback received
- Influenced by:
  - Trainee factors
  - Supervisor factors (credibility)
  - Relationship
  - Culture

(Lefroy et al, 2015)
Faculty often:

• Don't recognize developmental potential of feedback
• Are uncomfortable giving negative feedback
• Don’t give effective feedback

(Ende et al. 1995; Branch, 2002; Dudek, 2005; McIlwrick, 2006; Tekian et al, 2017)
WHAT ARE THE QUALITIES OF EFFECTIVE FEEDBACK?
QUALITIES

• Well-timed
• Based on first hand data
• Descriptive
• Specific
• Relevant
• Action-oriented
• Suggests alternatives
• “Closes gap”
• Encourages reflection

WHAT ARE THE BARRIERS TO GIVING FEEDBACK? IN CBME?
BARRIERS

• Time
• Assessment
  • Inaccurate
  • Not observed
• “Don’t know what to say”
• Negative feedback is personalized
  • High expectations of self
  • Inaccurate self assessment
• Fear of emotional reactions
• Lack of respect for feedback source

Hesketh & Laidlaw, 2002; Brown & Cook, 2009
MODELS

• Multiple published feedback models
  – No one model is superior
PENDLETON’S RULES

• Several steps:
  – Check learner wants feedback
  – What went well?
    • Learner self assessment
    • Observer assessment
  – What could be improved?
    • Learner self assessment
    • Observer assessment
  – Action plan

Pendleton 1984
R2C2

Sargeant et al 2017
Continue…
Comment on aspects of performance that were effective. Be specific and describe impact. Highlight things you would like to see done in the future.

Start, or do more…
Identify behavior the learner knows how to do and should do, or do more often.

Consider…
Highlight a point of growth for the learner, a “doable” challenge for future interactions.

Stop, or do less…
Point out actions that were not helpful, or could be harmful. Be specific and indicate potential impact.
GENERAL STRATEGIES

• Engage
  – Encourage self assessment
  – Ensure relevance
• Find appropriate setting
• Be descriptive
  – Specific examples
  – Observations of behaviors
• Limit information
• Avoid comparison
• Check interpretation
• Develop action plan
FACULTY DEVELOPMENT

How are you preparing faculty to give feedback in a CBME world?

“Since we initiated regular staff development sessions, we’ve turned the school around 360 degrees.”
ROLE PLAY 1

• Context:
  • Resident providing **handover** of a patient being transferred from her service
  • Is in the presence of her medical student
  • Supervisor is directly observing

• Competencies to consider assessing in this scenario:
  • Medical expert
  • Communicator
  • Collaborator
  • Scholar
  • Professional
ROLE PLAY 2

• Context:
  • Resident obtaining consent for DNR from a family member
  • Patient is an elderly female with metastatic breast cancer
  • Supervisor is observing via video-camera

• Competencies to consider assessing in this scenario:
  • Medical expert
  • Communicator
  • Scholar
  • Professional
TAKE HOME POINTS

• Frequent formative feedback is essential in CBME
• No one model is superior
• Feedback is a conversation
• The relationship is important
• Feedback quality based on quality of observation
REFERENCES


• Humphrey-Murto et al. “Assessment Pearls for Competency-Based Medical Education.” *Journal of Graduate Medical Education* 2017; December: 688-691.

• Lefroy et al. “Guidelines: the do’s, don’ts, and don’t knows of feedback for clinical education”. *Perspectives in Medical Education* 2015; 4: 284-299.


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