

Effective Feedback and Difficult Conversations

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Feedback Principles

Why give feedback?

“Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical **research** competence is achieved empirically or not at all.”

Jack Ende, M.D.

JAMA 1983; 250:771-781.

What is Feedback?

Information that a system uses to make adjustments in reaching a goal

Does giving feedback work?

- Black and Wiliam – meta analysis of >250 studies of formative assessment with feedback from all educational sectors
 - Feedback resulted in positive benefits on learning and achievement across all areas, knowledge and skill types and levels of education
- Hattie and Timperly 2007 review of meta analysis from 1987
 - Feedback: One of the most powerful influences on learning and achievement

Hattie J and Timperly H. The power of feedback. Review of Educational Research 2007;77:81-112

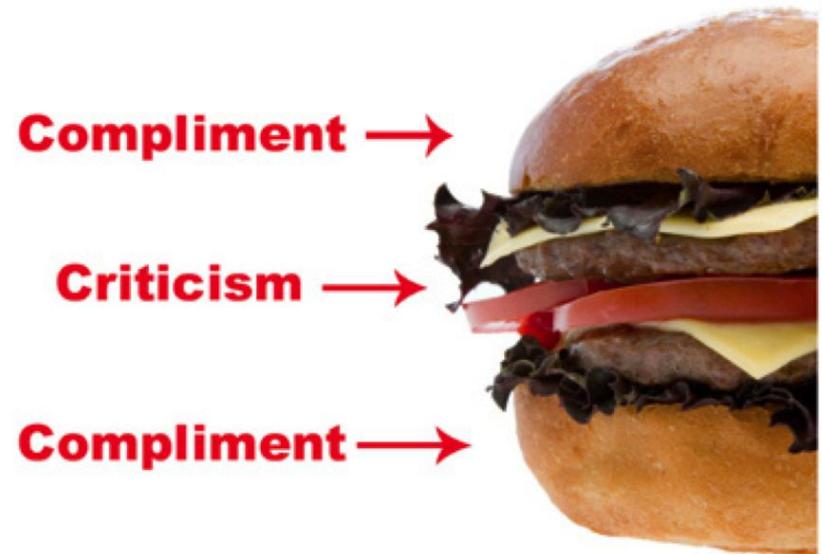
Principles of Feedback per Ende

- Aligns goals of mentor and mentee
- Is expected
- Is based on first hand observation
- Deals with specific performance
- Deals with actions rather than assumed intentions or interpretations



The Sandwich Approach Often Does Not Work

- Good/Negative/Good



- What the listener remembers is what you ended with:

The “Good”

Frame-based Approach to Feedback

Similar to diagnostic approach in medicine

- Observe the mentee's behavior/actions
- Determine whether behavior is limited or ≥ 1 situation
- Be curious- ask why the behavior is occurring
- Make a improvement plan
- Help your mentee enact the plan and evaluate it

Giving & Receiving of Feedback Structure

- Make feedback an integral part of the mentoring relationship from the beginning.
- Ask mentee to self-assess
- Provide feedback regularly and frequently.
 - Feedback, both positive and negative, should be a regularly scheduled component of the mentoring relationship (i.e., the rule, not the exception).
 - Ongoing feedback helps to establish and solidify the relationship.
 - Situational feedback (positive and negative) should be provided as soon after the relevant interaction as possible
- Feedback should be “two-way,” with both mentor and mentee assessing their relationship at defined times.

Giving Actual Feedback

- Time and place: planned/private
- Be clear that you are giving feedback, use the word.
- Include data that are concrete, observed directly, consistent, and thematic; if possible, provide >1 person's input (de-identified) and >1 observation.
- Be curious. Ask questions to understand mentee's experience, assessment of situation, and point of view.
- Ensure common understanding by summarizing, and/or asking the mentee to summarize, the key points of the discussion.
- Plan follow-up

Feedback

“The important things to remember about feedback in medical education are that

(1) it is necessary

(2) it is valuable, and

(3) after a bit of practice and planning, it is not as difficult as one might think.”

--Jack Ende, MD

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781

Case

- a) You've been working with your mentee for several months, and things seem to be going well. One day, two of your colleagues come to you with concerns about your mentee, saying that he is difficult to work with. However, your mentee seems quite competent in the work he is doing with you, so at your next meeting with your mentee you...?
- b) You try to gather more data, and in a research meeting you directly observe your mentee putting his foot in his mouth and badly disrupting the flow of the meeting. At your next meeting with your mentee you...?
- c) You give feedback to your mentee about the behavior you observed, and try to give it a positive spin ("Our work is going well together -- but I noticed that people in the meeting couldn't get what you were saying -- your idea was interesting, but maybe there was another way to approach the issue"). Your mentee says:
 - 1. "I don't know what you're talking about." So you say.....?
 - 2. "I wasn't feeling well that day, so maybe people didn't understand my point." So you say....?
 - 3. "They never listen to me -- they are always stuck on their own ideas and don't give me any credit -- they're just jealous." So you say.....?
 - 4. "I think that Dr. X has it out for me -- and I thought you said I was doing a good job on our project." So you say.....?
- d) What might you have done differently to begin with? What can you do now?

Receiving Feedback

- Do not be defensive
- Listen carefully to person
- Ask for specific examples
- If you do not agree, give it time to “sink in”
- Explore ways to improve providing and asking for examples
- Request f/u interval for reassessment

Giving and Receiving Feedback

Choose 1 feedback action you will try with your mentee(s)
at your next meeting

OR

Choose 1 receiving feedback action you will try with your
mentor at your next meeting



Suggested Articles

Ende J. Feedback in clinical medical education. JAMA. 1983; 250: 777-781.

A classic paper on the necessity of giving feedback to trainees in clinical medicine, the barriers to doing so, and guidelines. The guidelines suggest that feedback 1) be part of the relationship between the teacher and trainee; 2) be well timed and expected; 3) be based on first-hand data; 4) be regulated in quantity and limited to remediable behaviors; 5) be phrased in descriptive, non-evaluative terms; 6) deal with specific performance, not generalizations; 7) include subjective data labeled as such; and 8) deal with decisions and actions, rather than assumed intentions or interpretations.

(19 references)

Gigante J, Dell M, Sharkey, A. Getting beyond “good job”: How to give effective feedback. Pediatrics. 2011; 127: 205-207.

This paper provides a five-step framework for giving formal feedback to learners in the pediatric setting: 1) outlining the expectations for the learner at the start of the learning experience, 2) preparing the learner to receive feedback, 3) encouraging self assessment by asking the learner how she thinks she is performing, 4) telling the learner how you think she is doing based on specific observed actions and changeable behaviors, and 5) developing a plan for improvement.

(17 references)

Thomas JD, Arnold RM. Giving feedback. Journal of Palliative Medicine. 2011;14: 233-239

This recent paper by two palliative care physicians reviews educators' and learners' attitudes towards feedback, builds on Ende's guidelines to provide a helpful algorithm for giving feedback, and describes parallels between giving difficult feedback and breaking bad news. The latter emphasizes the importance of titrating the amount of information provided so that it can be integrated, attending to the resultant affect, and making a follow-up plan for next steps.

(36 references)

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