WinDix Training Manual for Standardized Patients

How to Give Effective Feedback

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Introduction

Audience:
This manual is to enable standardized patients to give more effective feedback to medical students, residents, physicians, or other health professional learners.

Rationale:
In the medical education setting where standardized patients (SPs) are being extensively used for both learning and assessment, one of the most important functions SPs provide is giving feedback to learners. Feedback in medical education is defined by Jack Ende (1983) as: “information describing learners’ or house officers’ performance in a given activity that is intended to guide their future performance in that same or in a related activity.”
The feedback which you as SPs provide is different from that provided by clinicians; your feedback focuses on the patient-physician interaction from the patient’s perspective. SPs are skilled at simulating historical and physical findings, but many find it difficult to give effective feedback. We have found the main concerns/challenges of SPs while giving feedback include:

1. Difficulty in providing specifics of learner’s performance
2. Discomfort in giving constructive (negative) feedback
3. Lack of exemplars (models) of effective feedback

WinDix Training Model:
In the WinDix training model, you will use two tools that will help you learn how to give more effective feedback:

1. The 7-Step Approach to Feedback (how to do it) outlined in this manual
2. The QSF Rating Form instrument (for assessment of self and others)

Goals and Objectives:
After participating in this workshop, SPs will be better able to:

1. Define feedback.
2. Understand why feedback is important in medical student training.
3. Identify the characteristics of effective feedback.
4. Differentiate between effective and less effective feedback.
5. Rate feedback using the QSF Quality of SP Feedback (QSF) rating form.
6. Give more effective feedback.
What is feedback?
• Neutral formative information
• Describes performance
• Starting point for learning
• Focus for a learning activity
• Key part of teaching and learning process

Why is feedback important?
• Helps learners learn. Research has shown that learners who receive feedback about their performance perform significantly better and learn faster than those who do not.
• Helps learners evaluate their patient-physician interaction skills. SPs are like mirrors, and provide learners with a reflection of what they do or say well and what they need to improve upon.

What are some principles in giving feedback?
• Feedback is most effective when given immediately after the experience
• Feedback is most useful when the learner seeks it.
• Feedback must be based on observable behavior rather than general comments that indicate value judgments.
• Feedback should include how the behavior of the learner affected you as the patient, i.e. how it made you feel.
• Feedback should include how the behavior could be changed/modified and how this could alter the patient’s reaction.
• Feedback should utilize the “sandwich” technique—start with positive feedback, followed by constructive suggestions, and end with another positive statement.
• Feedback should deal only with behaviors that the learner can change or modify.
• Feedback should not overload the learner with too much negative feedback. Just focus on one or two behaviors that can be changed.
• Feedback should verify what the learner heard. People normally only remember part of what is heard. Restate important points if the learner appeared to have missed them.
• Thank the student.
Quiz 1:

Choose the best answer:

1. Research shows that feedback helps learners do all except one of the following.
   A. Learn faster
   B. Perform better
   C. Have better communication skills
   D. Change temperament styles

2. It is more important to let learners know the areas they need to improve upon than the areas in which they perform well.
   A. True
   B. False

3. As a standardized patient, my feedback is focused on the learner’s
   A. personal worth
   B. physical examination skills
   C. patient physician interaction skills
   D. performance of checklist items
Quiz 2:

These are specific things that students did or have said to a standardized patient during an encounter that require constructive (negative) feedback. If you were the standardized patient, what could you have said to the students to help them understand the patient’s perspective?

Case 1:

The student said, “Do you know whether you or any family member had MI or Acute Coronary Syndrome?”

Case 2:

The student did not have a lot of eye contact with you during the encounter and was just taking notes as you spoke.

Case 3:

The student said, “Do you or any of your family members have a history of diabetes, cancer, or hypertension?”
7-Step Approach for Giving Effective Feedback
1. Encourage Self-Reflection.

Learners are likely to be most open to feedback when it is invited. Thus, it is most effective to begin by inviting each learner’s self critique.

“How do you think you did?” or “How did this encounter go for you?”

Usually the learner will bring up at least some of the difficult issues that you wanted to discuss with her/him. If the learner responds that he/she thought the interview went “fine,” pursue questioning him/her with something like:

“Did you forget anything that you wanted to say or do?”
“Is there anything you wish you had done that you didn’t do?”
“Is there anything you did that you wish you hadn’t?”
“Is there anything you would say or do differently, if you could do this over again?”
2. Describe Specific Behaviors—always from Patient’s Perspective.

Good feedback is specific and concrete.

Examples: Telling learners, “Your interview was inadequate,” or “You have a wonderful manner with patients” are vague and of little value to the learners. Instead when you say, “Greet your next patient by name. When you do that, the patient feels more valued as a person” is more specific and addresses a behavior that can be changed. Instead of saying, “You have a wonderful manner with a patient,” you could say, “Your smile and laughter put [patient’s name] at ease.”

Note: Feedback should be given either in the third person like above, or, if given in the first person, feedback should be prefaced with, “As [patient’s name], I felt....

Giving specific descriptions of observed behaviors can accomplish at least two goals. It directs learners attention to explicit actions and habits that can be modified, and reduces the likelihood that learners will become defensive and resistant, discrediting the advice, rather than becoming open to considering and trying alternative behaviors.

Words that reflect general statements of approval or disapproval tend to be focused on the person and not on the behavior. The learner needs to know what was done well or done poorly. For example, telling the learner, “You did a good job with your explanations” does not really help the learner. Instead, you could say, “When you explained why [patient’s name] should be cutting down on red meat and sugars, and eating more fish and chicken so that he may be able to cut down on his diabetic medications, he understood why he should be doing it.”
Instead of saying “You gave [the patient’s name] too much information,” you could say: “[The patient’s name] felt overwhelmed by all the information you gave her. If you could have prioritized the most important information in a couple of points, she would have been able to take that in better.”
3. **Use the Sandwich Technique.**

You should start with positive feedback, then continue with one or two behaviors that could be improved upon (constructive feedback) and end with positive feedback. Think of the sandwich technique as giving students one half of a good sandwich (feedback about specific things they did well), giving them a pickle (constructive feedback on specific behaviors they can improve), and then giving them the other half of the sandwich (additional specific things they did well). Negative feedback should be constructive, not destructive. Your challenge is to help learners turn negative feedback into specific positive changes.
4. Limit Negative Feedback to 1 or 2 Points

When giving feedback to learners, it can be tempting to convey all the things they did wrong. It is usually best, however, to squelch that desire. Most learners can only remember a few issues in the course of an entire feedback session. In addition, feedback that has negative components can feel fairly heavy. Time and space are needed for integrating such critique. It is more practical to select the one or two highest-priority issues.
5. Demonstrate Empathy

You should be aware of both the learner’s verbal and nonverbal responses to feedback. If the learner becomes upset over the feedback, you could demonstrate empathy by first stopping the feedback and acknowledging the learner’s feelings, saying, “I am feeling that you might be upset by my feedback.”

Then you could confirm those feelings saying, “Are you feeling (sad, angry, upset)” or “Is this true?”

You could then reassure the learner that the purpose of feedback was to improve the learner’s clinical skills. “My goal is to improve your patient interaction skills and I would like to assure you that giving you feedback is our way of trying to help you.”

Continue with describing the learner’s positive behaviors.

In other words, recognize the learner’s emotion, state and confirm it, and add comforting words.
6. Encourage Learner Questions.

You need to give learners the opportunity to confirm their own hypotheses generated during the encounter. In addition, you should encourage any questions that the learner may have in regard to your responses, verbal or non-verbal, that occurred during the encounter. For example: After asking the learner whether he or she had any questions, the learner might say, “You looked uncomfortable during the sexual history portion of the interview. Why?” You might then respond that your character was embarrassed about his own homosexuality.
7. Verify Feedback and Thank the Student

After giving feedback, you should verify whether the learner really understood the feedback by asking what the learner would do differently the next time based on the feedback given, or what the learner learned from this feedback session.

“What did you learn from this feedback session?”

“Would you do or say anything differently next time?”

If there were two issues and the learner remembered only one, then you could follow up and remind the learner of the other issue.

After all questions have been answered and the student appears to understand the specific areas targeted for improvement, thank the student for his or her effort.

“Thank you for being here today. I feel privileged to be part of your educational program.”
Exercise: Videoclip Analysis

While watching the video-clips and using the QSF rating instrument on page 15, analyze whether the Standardized Patient provided effective or ineffective feedback based on the 7-step approach.

The way that the standardized patient gives feedback may not be in the exact order of the rating form. You may have to jump back and forth in order to rate each item correctly.
Quality of SP Feedback Form (QSF)

SP asked student to reflect
1. SP: So, how do you think it went? □ 1
2. SP: So, what are some things you think you did well? □ 1
3. SP: Is there anything you would do or say differently if you could do this over again? □ 1
4. Gave student adequate time to answer questions before continuing □ 1

SP gave positive feedback
5. SP first gave positive feedback □ 1
6. SP’s positive feedback referred to specific changeable behaviors □ 1
7. SP gave feedback from patient’s perspective □ 1
   (Check if positive feedback MOSTLY specific—some generalization okay)

SP gave constructive feedback
8. SP’s constructive feedback referred to specific changeable behaviors (feedback not destructive) □ 1
9. SP limited the constructive feedback to 2 or fewer points. □ 1
10. SP gave constructive feedback from patient’s perspective. □ 1

SP showed empathy for distressed student (if student not distressed go to question #12)
11a. SP stopped feedback and acknowledged students’ feelings □ 1
       SP: I’m feeling that you might be upset by this feedback.
11b. SP confirmed the feelings with student. □ 1
       SP: Are you feeling [sad, angry, upset], or, Is this true?
11c. SP reassured student about purpose of feedback □ 1
       SP: Giving you feedback is our way to help you…
12. If student didn’t appear distressed by feedback, check box at right and go to question #13. □ 3

   SP finished with positive feedback (sandwich)
13. SP finished feedback on a positive note. □ 1
14. SP gave feedback from patient’s perspective. □ 1

SP verified student’s learning
15. SP asked student to summarize feedback given. □ 1
   SP: What have you learned from this feedback session?

Check either 16a OR 16b, but not both.
16a. Student COULD list ALL important specific behaviors & SP confirmed. □ 2
       SP: Excellent, it sounds like you understood [patient’s name] perspective.
16b. Student COULD NOT list ALL important specific behaviors AND SP continued to probe. □ 2
       SP: Do you remember that the [patient’s name] felt ___ when you ______.
       How will you handle this in the future?

At end of session, SP asked student if s/he had other questions
18. SP continued to ask student if he/she had questions until student said “no.” □ 1
   SP: Do you have any other questions or comments? Anything else you would like to ask?
19. SP thanked the student. □ 1
   SP: Thank you for your effort here today. I feel privileged to be part of your education.

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TOTAL SCORE □ 15
Quiz 3:

These are some actual comments that have been said by standardized patients to learners that do not follow the 7-Step Approach. How would you rephrase these comments?

Example:
"You seem to be a little unsure of yourself at times."

instead you might say

“You paused a number of times before asking me questions, so I felt that you were not sure where you were going to go next.”

1. You seemed very professional.

____________________________________________________________________

____________________________________________________________________

2. You should ask me more questions on my personal life and habits.

____________________________________________________________________

____________________________________________________________________

3. I felt that you were insensitive when you asked me about my sexual preferences.

____________________________________________________________________

____________________________________________________________________

4. You could have been a little more sensitive when you hit me with the cancer bomb.

____________________________________________________________________

____________________________________________________________________
Remember

1. Encourage self-reflection.
2. Describe specific behaviors.
3. Use the sandwich technique.
4. Limit negative feedback.
5. Demonstrate empathy.
6. Encourage learner questions.
7. Verify feedback and thank the student.