



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

Maximizing Learner Development: Helping Trainees Prepare for & Incorporate Feedback

David H. Roberts, MD

Dean for External Education

Harvard Medical School

Director, International Programs

Carl J. Shapiro Institute for Education & Research

Education is at the heart of patient care.



- I have no disclosures, financial or otherwise, related to the content of this talk to report



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School



CENTER FOR EDUCATION




Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

- Image – Coals to Newcastle, England

 Beth Israel Deaconess Medical Center |  Teaching hospital of Harvard Medical School
Newcastle, England c. 1960

 CENTER FOR EDUCATION
Shapiro Institute
BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Let's start with a "case"



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

- Image – woman w/megaphone and young person with headphones in looking at phone



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Key Characteristics of Effective Feedback

- Timely
- Specific
- Not personal
- Trustworthy
- Formative

Archer JC, State of science: Effective Feedback, *Med Educ* 2010;44:101-8
Thomas JD & Arnold RM, Giving Feedback, *J Pall Med* 2011;14:233-9



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

There are many strategies for giving feedback – pick one and use it!

The IMPROVE Model

- I** · **Identify** rotation objectives with the learner
- M** · **Make** a feedback friendly environment
- P** · assess **Performance** · **Prioritize** the feedback you provide
- R** · **Respond** to the learner's self-assessment
- O** · be **Objective**: report specific behaviors observed; · describe potential outcomes of behavior
- V** · **Validate** what the student has done well or suggest alternative strategies
- E** · **Establish** a plan to implement changes (if needed) · Have the learner summarize feedback and the plan



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Goals for the rest of our time today

- Key rationales for changing our current “feedback culture”
- Specific areas of strength and concern for current trainees (Millennials) as feedback recipients
- Strategies (yours and mine) to better prepare trainees to maximize the impact of feedback you provide



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Feedback has clearly evolved over time

- Images of gladiators and Donald Trump (You're Fired!)



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Key Rationales for Effective Feedback

- Promote Learning
- Image of gears in head
- Ensure Competence
- Image of steps to make coffee



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

There is value in listening to,
and actually hearing,
what our trainees want and need



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

How can we change culture to achieve our objectives (learning & competence)?

- Setting expectations and identifying goals to enable practice
 - Utilizing learning contracts
 - Recognizing Learning vs Performance orientation
 - Add value by coaching
 - Understanding emotions
 - Preparing our learners
 - Specifics for Millennials



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Explicit discussion of learning contracts

- You'll tell me about yourself and what you are aiming to achieve
- I'll tell you about myself and how I think you can learn and become competent
- I'll observe you doing / working / caring for... (practicing...)
- I'll focus my suggestions on what you want to improve
- You'll let me know how it went
- Deal?



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Motivational Processes Affecting Learning

Carol S. Dweck *University of Illinois*

Achievement Goals and Achievement Behavior

Theory of intelligence	Goal orientation	Confidence in present ability	Behavior pattern
Entity theory (Intelligence is fixed)	Performance goal (Goal is to gain positive judgments/avoid negative judgments of competence)	If high → but	Mastery-oriented Seek challenge High persistence
		If low →	Helpless Avoid challenge Low persistence
Incremental theory (Intelligence is malleable)	Learning goal (Goal is to increase competence)	If high → or low ↗	Mastery-oriented Seek challenge (that fosters learning) High persistence



Beth Israel Deaconess
Medical Center



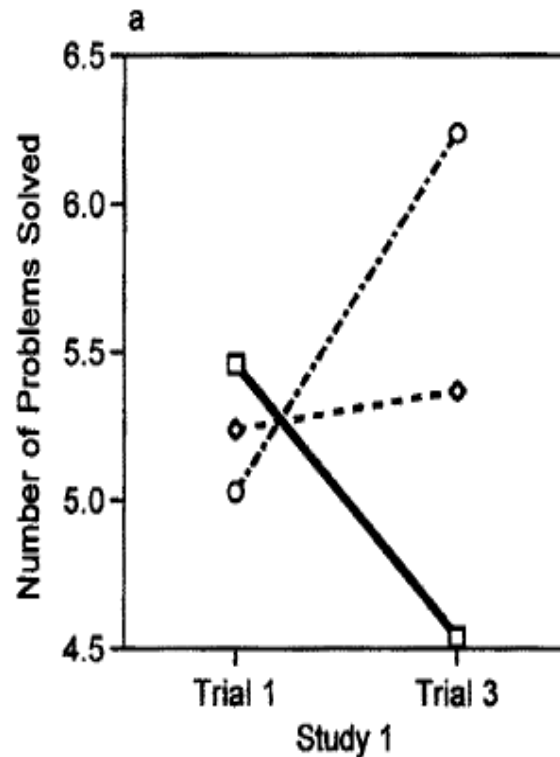
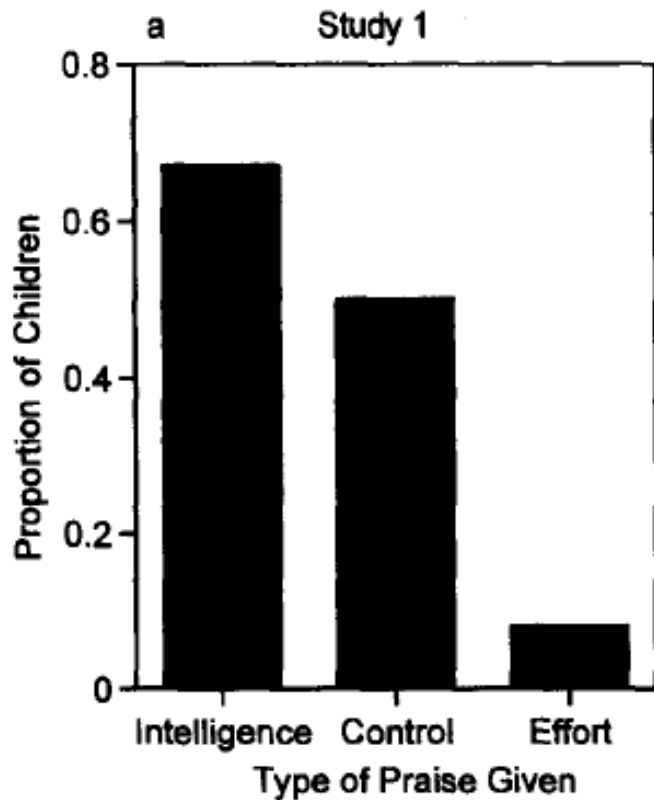
October 1986 • American Psychologist

Copyright 1986 by the American Psychological Association, Inc. 0003-066X/86/\$00.75
Vol. 41, No. 10, 1040-1048

Praise for Intelligence Can Undermine Children's Motivation and Performance

Claudia M. Mueller and Carol S. Dweck
Columbia University

Journal of Personality and Social Psychology
1998, Vol. 75, No. 1, 33-52

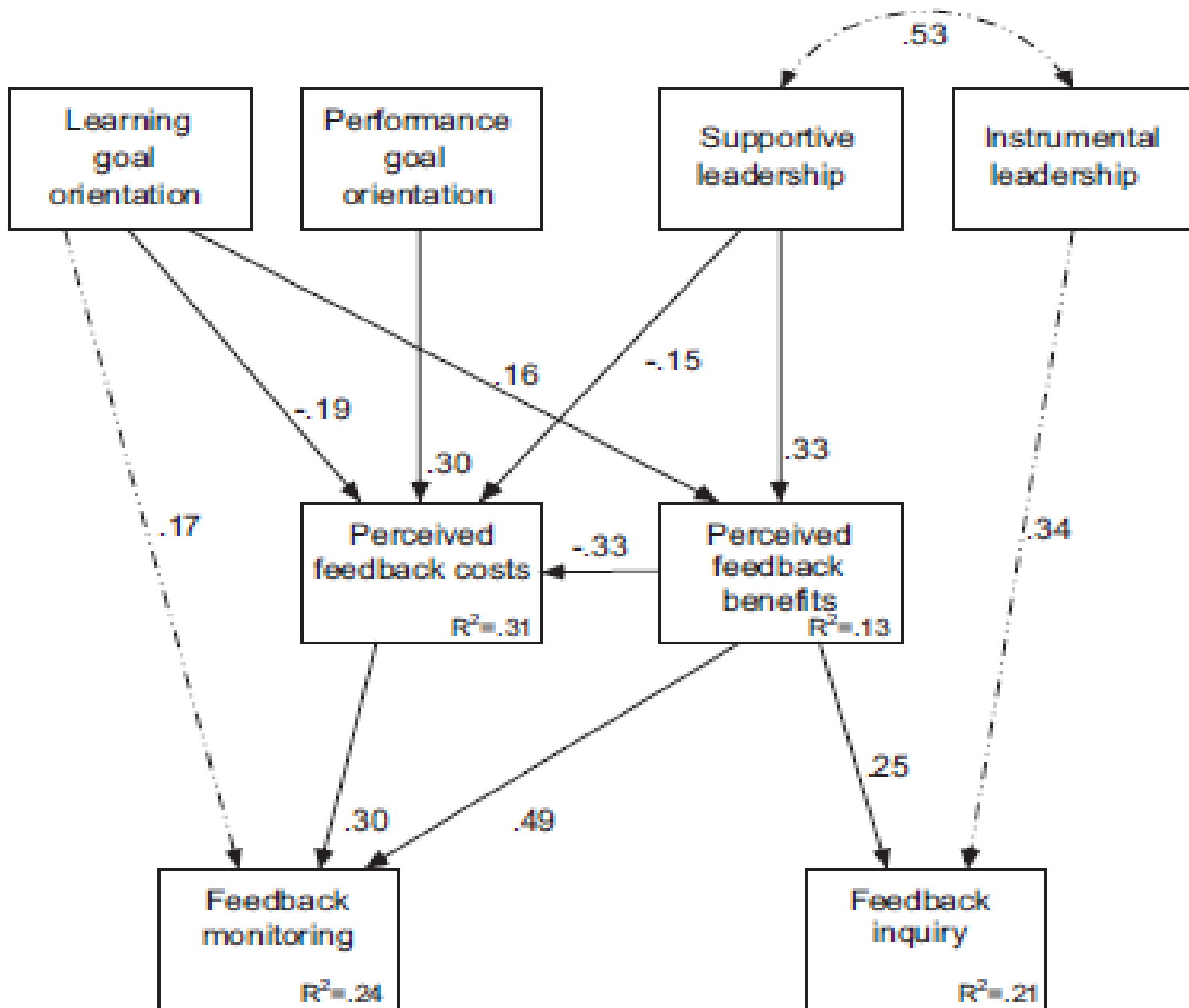


NEW THINKING ABOUT CHILDREN



#1 NEW YORK TIMES BESTSELLING AUTHOR

PO BRONSON &
ASHLEY MERRYMAN



Let's move from negative to positive: Value add of coaching

- Problem learner – Negative Feedback
- Opportunity for positive change or improvement



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

ORIGINAL ARTICLE

Assessment of medical professionalism: Who, what, when, where, how, and... why?

RICHARD E. HAWKINS¹, PETER J. KATSUFRAKIS², MATTHEW C. HOLTMAN² & BRIAN E. CLAUSER²

¹American Board of Medical Specialties, USA, ²National Board of Medical Examiners, USA

2012, 1–9, Early Online

MEDICAL
TEACHER

The case of the entitled resident: A composite case study of a resident performance problem syndrome with interdisciplinary commentary

NICOLE K. ROBERTS¹, REED G. WILLIAMS¹, MARY KLINGENSMITH², MAURA SULLIVAN³, MARGARET BOEHLER¹, GERALD HICKSON⁴, MICHAEL J. KIM⁵, DEBRA L. KLAMEN¹, THEODORE LEBLANG¹, CATHY SCHWIND¹, KAY TITCHENAL¹ & GARY L. DUNNINGTON¹

¹Southern Illinois University, USA, ²Washington University, USA, ³University of Southern California, USA, ⁴Vanderbilt University Medical Center, USA, ⁵University of Rochester, USA

2010; 32: 891–898

MEDICAL
TEACHER

Bad apples spoil the barrel: Addressing unprofessional behaviour

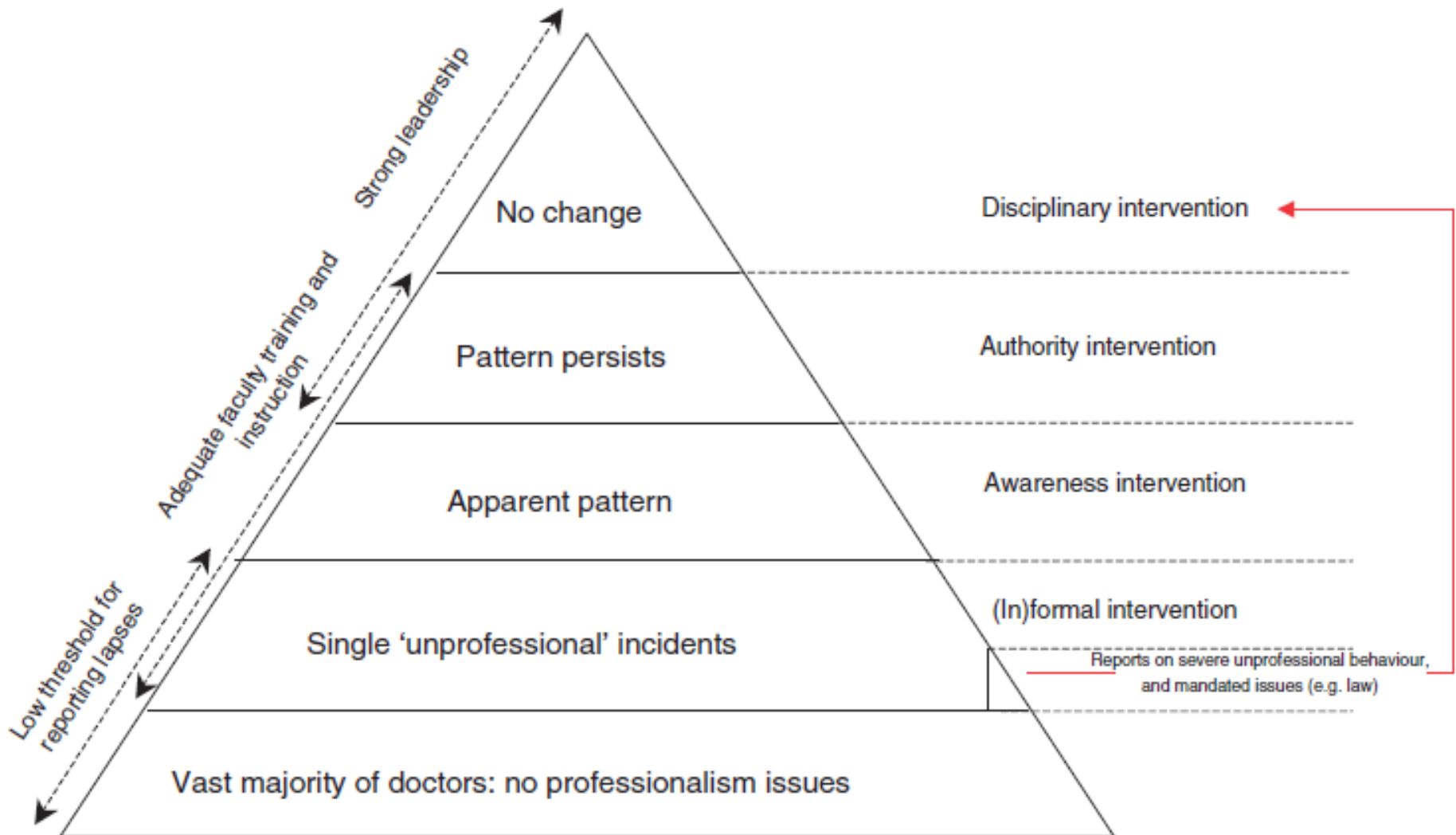
WALTHER N. K. A. VAN MOOK^{1,2}, SIMONE L. GORTER¹, WILLEM S. DE GRAVE², SCHELTUS J. VAN LUIJK³, VALERIE WASS⁴, JAN HARM ZWAVELING^{1,6}, LAMBERT W. SCHUWIRTH² & CEES P. M. VAN DER VLEUTEN²

¹Maastricht University Medical Centre, The Netherlands, ²Maastricht University, The Netherlands, ³Free University of Amsterdam, The Netherlands, ⁴University of Manchester, UK, ⁵currently Head of School of Medicine, Keele University, Staffordshire, UK, ⁶currently member of the Board of Directors, Maxima Medical Centre, Veldhoven, The Netherlands



Beth Israel Deaconess
Medical Center

Unprofessional behavior requires intervention



Understanding the influence of emotions
and reflection upon multi-source feedback
acceptance and use

Sargeant J, et al, *Adv Health Sci Educ* 2008

Negative Feedback → Negative Emotions

Positive Feedback → Positive Emotions



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

What's wrong with a feedback “sandwich”?

They'll take apart what you say and ignore the bad stuff!



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Feedback is emotionally charged and may be perceived as a threat

Category of tension	Specific tensions
Tensions within self	<ul style="list-style-type: none">• Wanting feedback yet fearing disconfirming information• Recognizing the need for feedback yet struggling to use it because of its incongruence with one's self-appraisal
Tensions between people	<ul style="list-style-type: none">• Wanting to be able to question others and learn from feedback, yet not wanting to look incompetent or share areas of deficiency• Wanting feedback, yet not being able to pursue it or trusting feedback that is received• Needing a positive and safe relationship to give/receive feedback, yet worrying about damaging the relationship with genuine feedback
Tensions in the learning environment	<ul style="list-style-type: none">• Incongruence between the stated curriculum and the curriculum-in-action• Engaging in authentic activities to inform self-assessment versus playing the evaluation game



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Be Prepared!

How to Keep Your Cool During a Performance Review

by Robert M. Galford | 9:47 AM January 13, 2012

Four Preparatory Suggestions

1. Relax
2. Prepare for unexpected “Something’s”
3. If you disagree, don’t launch into defense
4. When it is over –
 - a. Thank them – feedback takes effort
 - b. Reflect on ideas
 - c. Revisit ideas regularly

How to Handle Surprise Criticism

by Peter Bregman | 8:30 AM September 17, 2010

Four “In the moment” Suggestions

1. Look beyond your feelings
2. Look beyond their delivery
3. Don’t agree/disagree – collect data
4. Let things marinate for a while



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

How can we change culture to achieve our objectives (learning & competence)?

- Maximizing your impact
 - Who are our learners (Millennials)
 - Build on your clinical skills
 - Leverage a “Systems” Approach
 - Bring in multi-source feedback
 - Link Feedback and Feedforward



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Millennial Generation (1981-2001)

- Also known as Generation Y, the Net Generation, and Generation Me
- Inquisitive, interested in equality
- Aware of community, but with strong importance of self and individual
- Sense of “post”-race / gender roles
- Technology assumed and omnipresent (Internet, cell phones there from childhood)
- Significant social upheaval (9-11, wars)
- Financial instability (scandals, recession)
- Disappointment from leaders and “heroes”



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

How can we best provide feedback to Millennials?

- Learners today need help with
 - Context
 - Prioritization
 - Understanding
 - Interpretation
- Can be overwhelmed by information
- Looking for the “bottom line”
- Relevance must be emphasized
- Offer opportunities to collaborate & learn as team
- Accustomed to recognition of participation
- Rapidly accessible feedback is the norm



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Generational changes and their impact in the classroom: teaching Generation Me

Jean M Twenge

Medical Education 2009; 43: 398–405

High scores: Assertiveness, self-liking,
narcissistic traits, high
expectations, stress, anxiety
Lower scores: Self-reliance



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Leverage your “doctoring” skills when giving feedback

- Recognize that challenges are “great cases”
- Generate a Diff Dx for the learners lacking insight
 - Knowledge or skill deficit
 - Mood disorder
 - Family issue
 - Learning disability
 - Substance abuse
 - Cultural differences



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

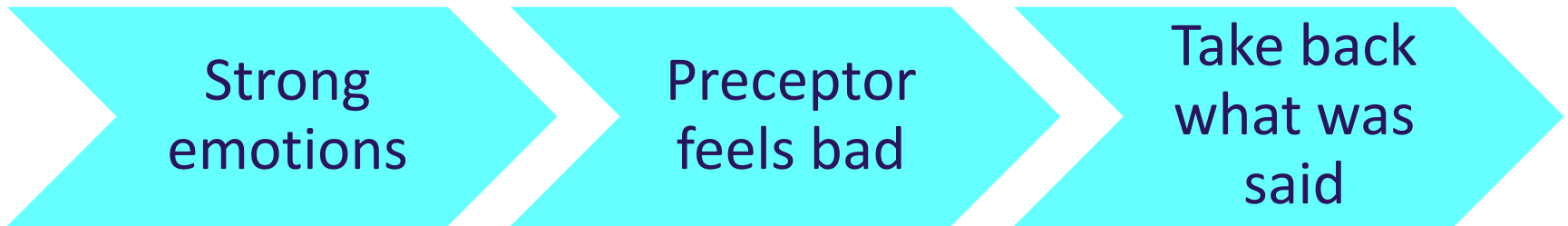
CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Respond to emotions without taking back the “difficult news” (feedback)



- Dissociate learners’ emotional responses from your own self-assessment (use your clinical skills)
- Employ empathic statements (leverage clinical experience)
“It sounds like this is tough to hear.”



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Utilize a direct approach to feedback as you would in clinical situations

Don't play games	No sandwiching Don't begin with chatty small talk
Don't play charades	Non-verbal hints, subtle innuendo (looking at your watch)
Don't pass the buck	Blame somebody else for what you are requesting "The chief says that everyone needs to be on time."
Don't play read my mind	Try and have the learner guess what is on your mind "I wonder if you have noticed anything going on with the team?"

The Educational Kanban: Promoting Effective Self-Directed Adult Learning in Medical Education

Stuart Goldman, MD

Academic Medicine, Vol. 84, No. 7 / July 2009

General Form Child/Adolescent Psychiatry (Rotation/Resident with specific goals added)

Resident _____ Supervisor _____ Service _____ Date _____

General Comment: Each competency is an evolving area of proficiency that will be dependent upon professional development and may vary from context to context. Clearly the collaborative discussion should be framed in this context.

II. Medical Knowledge

- A) Demonstrates an analytic and investigative approach. *Attitude of inquiry, curiosity and critical thinking, in all contexts.*
- B) Appropriate mastery of biological, developmental, social, psychological, and clinical content areas. *Broad category covering the "cognitive knowledge" in each area, as indicated. This will be a progressive mastery spanning the two years. Rotation specific targets will be specified at the beginning of each clinical block.*
- C) Appropriate delivery of interventions. *The delivery of care is subsumed in multiple competencies, this parallels item IIB above.*
- D) Setting priorities/treatment goals and monitoring. *Realistically operationalizes priorities, sets goals, monitors them over time, corrects as needed. Appreciates the role of formulation and collaborative clinical alliance as key concepts.*
- E) Principles of consultation. *Understands differences and roles of consultant. Can function competently in those roles across contexts.*
- F) Prevention. *Understands principles of prevention, including psychoeducational planning, can carry them out.*
- G) Diversity—knowledge, experience, application. *Can carry out culturally/ethnically/racially informed assessment and intervention, adapting approach as needed.*

Reflection: *I loved CL, but my adult supervisor told me that at times I was taking on the "whole case." It was hard to figure who should be responsible. I also know that my formulations have been less sophisticated than I hope them to be.*

Goals: *To have a clearer idea of how to be a consultant, rather than the primary clinician and how to be part of the team. To ramp up the quality of my formulations, and to be sure that they have a developmental frame.*

Comments Plan: *You have hit on a key CL topic . . . let's plan to take on the mental exercise of how you would approach the clinical material from the consultant's point of view and contrast that with the role of a primary. We can also focus on formulations, particularly from a "solution-oriented" perspective.*

The Educational Kanban: Promoting Effective Self-Directed Adult Learning in Medical Education

Time frame	Traditional evaluation	EK
Beginning of rotation	<ul style="list-style-type: none"> No formal meeting required Review general rotation objectives 	<ul style="list-style-type: none"> Self-appraisal Review EK to date with supervisor Review rotation objectives Set specific goals with supervisor integrating past experiences
Every month	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Interim self-appraisal
During rotation	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Update EK Mandated performance feedback Review and set new goals with supervisor
Summative evaluation/end of rotation	<ul style="list-style-type: none"> Summative supervisor form No continuity to next rotation 	<ul style="list-style-type: none"> No summative supervisor form Collaborative self-appraisal reviewing prior goals and formative feedback from supervisor Set future specific goals with continuity via EK
Twice-yearly review	<ul style="list-style-type: none"> Summative supervisor forms Training director review Supervisor assessment 	<ul style="list-style-type: none"> Informal meetings Not part of formal review but minimizes unexpected problems
Mentor meetings	<ul style="list-style-type: none"> None/irregular 	<ul style="list-style-type: none"> Review EK quarterly external to rotation Continuity/collaboration
Ownership	<ul style="list-style-type: none"> Training program files "Permanent record" 	<ul style="list-style-type: none"> Resident-owned Not "permanent record"



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Consider an Educational Kanban approach

- Advantages

- Adult learner-centered
- Continuous improvement
- Encourages continuity
- Dovetails with other faculty-centered evaluation

- Pushback

- Takes more time
- Abdicates faculty responsibility
- Lack of learner perspective in initial phases

“Great teachers make their students brave” --
-- Prof. C. Roland Christensen, HBS



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

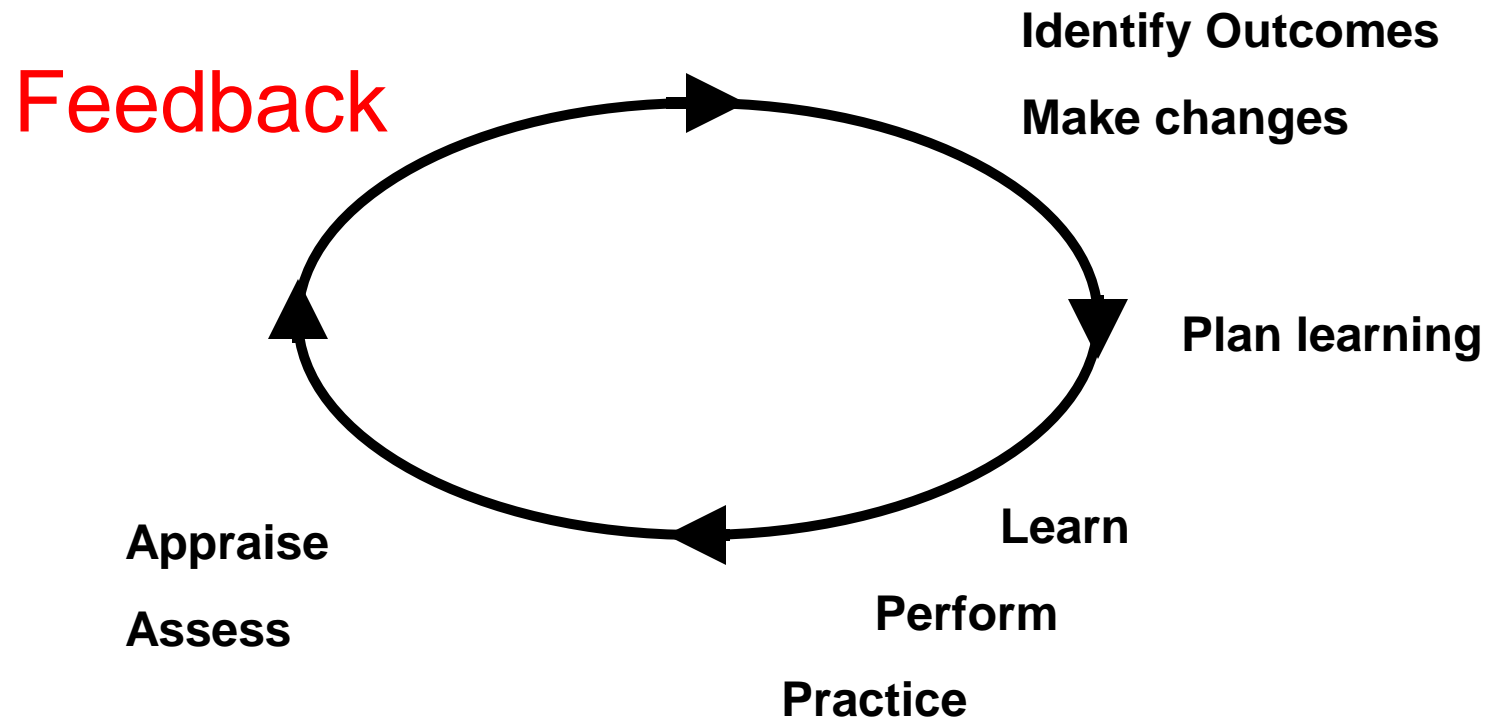
CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Feedback should be part of an ongoing, longitudinal discussion by faculty



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Feed-forward: Benefits and Controversies

Clerkship Issues

Academic Medicine, Vol. 83, No. 9 / September 2008

Medical School Policies Regarding Struggling Medical Students During the Internal Medicine Clerkships: Results of a National Survey

Sandra L. Frellsen, MD, Elizabeth A. Baker, MD, MHPE, Klara K. Papp, PhD,
and Steven J. Durning, MD

- Pro's for sharing
 - Supportive environment
 - Levels playing field
 - Early identification
 - Opportunities for improvement
 - Continuum of education
- Con's for sharing
 - Calls attention to problems
 - Unfairly biases faculty
 - Undermines trust in faculty
 - No clean slate



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

There is value in community

- Support
- Encouragement
- Mentorship
- Skills
 - Cognitive
 - Non-cognitive



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Why in the end is this important?

**Make learners
great doctors**

**Impact 1000's
of patients**



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

CENTER FOR EDUCATION



Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL