Improving the Culture & Practice of Feedback & Coaching

Susan Glover Takahashi, M.A. (Ed), Ph.D
Director, Education, Innovation & Research
Lead, Education Integration Group – CBME/CBD
Integrated Senior Scholar PostMD/CFD

March 22, 2017
Acknowledgements
Rebecca Dubé, M.D, M.Sc.
Marla Nayer, PhD

I/we have no conflicts of interest to declare
Objectives

1. What’s different in CBD?
2. Explore tangible approaches to support improvements in Feedback and Coaching
Key CBD differences

1. Developmental approach
2. TIME is not THE parameter for success but is part of the considerations
3. More workplace assessments along the way
4. Instead of G & O, focus on what can ‘do’ (i.e. EPAs).
5. Enhanced feedback & coaching
Develop a Feedback & Coaching Culture

- Is there a positive feedback culture?
- Ideas on building one?
Why THIS topic? >> SPECIFICALLY

• Consistently, repeatedly reported as needed…in others
• Viewpoint that it is an assessor issue
• Viewpoint that it is a learner issue
• New education models ask us to get better at feedback
• So I/we have been working to understand feedback better, and along the way I/we learned quite a bit
Feedback is hard to give.

“They may have been off on the wrong track and one little nudge in the right direction and they completely turn around.”

“I take the responsibility of training competent people very seriously.”

Watling 2012, 2014
Feedback is hard to give.

“I find [constructive feedback] a little bit difficult because you have to tell them one-on-one what’s wrong with them.”

“Checkmarks migrate to the right-hand side of the page. It’s the path of least resistance.”

Watling 2012, 2014
Feedback is hard to give.

IN PAST.....(?)
Sometimes giving feedback feels like breaking bad news.
“Although I perfectly understand the need for feedback, I’m too sensitive... When it’s harsh, I take it very personally.”

“I would say probably at the time I was hurt [...] but somewhere inside I knew their criticism was valid.”

Watling 2012, 2014
“At first I was going to dismiss it. [Then] I just thought I’d better not take this personally and try to figure out was there something [...] that I could do better?”

“You want to be better at your job all the time.”
“At first I was going to dismiss it. [Then] I just thought I’d better not take this personally and try to figure out was there something [...] that I could do better?”

“You want to be better at your job all the time.”

Watling 2012, 2014
Feedback can be hard to give and hard to take.

What impact does this have on the feedback culture in medical education?

How can these challenges be approached?
Data is not feedback.
Feedback Message #3:

“Focused, specific and helpful information given to a learner by a teacher with the intent to support performance improvement.”
Feedback requires data.
Data is necessary but not sufficient for feedback.

Data is 2/5 as a communicator.

Feedback examines why that is the case, and how to move forward.
Feedback is MOST effective in improving performance *(aka Coaching)* when the conversation occurs within a trust relationship.
Feedback is MOST effective in improving performance (aka Coaching) when the conversation occurs within a trust relationship.
Feedback is MOST effective in improving performance (aka Coaching) when the conversation occurs within a trust relationship.
Do no harm:

Better not to give feedback than to give it in the wrong way.
Feedback Message #6:

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
Feedback Message #7:

Better not to ask for feedback if you’re not going to act on it.
Feedback relies on a mutual, trusting relationship.

How can this be fostered in day-to-day clinical practice?
Ten Tips for Feedback Mechanics

1) Ask if feedback is wanted (Yes/no, now/later).
2) Consider performance & educational goals.
3) Allot sufficient time.
4) Choose a private setting.
5) Label activity as “feedback”.
6) Engage trainee in reflection/analysis.
7) Use clear, plain language.
8) Factually describe performance.
9) Focus your messages.
10) Coach for improvement.
“At first I was going to dismiss it. [Then] I just thought I’d better not take this personally and try to figure out was there something [...] that I could do better?

You want to be better at your job all the time.”
Recap

1. What’s different in CBD?
2. Explore tangible approaches to support improvements in Feedback and Coaching

Questions about CBD?

CBME PGME
Website: http://cbme.postmd.utoronto.ca
Email: cbme.pgme@utoronto.ca

Susan Glover Takahashi
sglover.takahashi@utoronto.ca
Thank you

Susan Glover Takahashi, MA, PhD

Director, Education & Research
Lead, Education Integration Group – CBME
Post MD Education – Postgraduate Medical Education
Integrated Senior Scholar – CFD & PostMD Education
## Determinants of Effective Feedback

<table>
<thead>
<tr>
<th>Influencing variable</th>
<th>Effect</th>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FR has low initial task performance</td>
<td>→ High</td>
<td>Feedback effect</td>
</tr>
<tr>
<td>Feedback message threatens FR’s self-esteem</td>
<td>→ Low</td>
<td>Feedback effect</td>
</tr>
<tr>
<td>FR shows goal-setting behaviour</td>
<td>→ Increase in</td>
<td>Feedback effect</td>
</tr>
<tr>
<td>Feedback is part of a multifaceted intervention</td>
<td>→ Increase in</td>
<td>Feedback effect</td>
</tr>
<tr>
<td>Feedback content: encouraging, specific, elaborate</td>
<td>→ Increase in</td>
<td>Feedback effect</td>
</tr>
<tr>
<td>Feedback message is given frequently</td>
<td>→ Increase in</td>
<td>Feedback effect</td>
</tr>
</tbody>
</table>

FP = feedback provider; FR = feedback recipient.

Adapted from van de Ridder 2015
## Determinants of Effective Feedback

Table 3  Overview of variables that have a clear direction and an unequivocal effect on the observation, interpretation and rating, and the feedback effect

<table>
<thead>
<tr>
<th>Influencing variable</th>
<th>Effect</th>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation, interpretation and rating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP rates <em>high complexity tasks</em></td>
<td>→ Decrease in</td>
<td>Inter-rater agreement</td>
</tr>
<tr>
<td>FP has <em>high task familiarity</em></td>
<td>→ Increase in</td>
<td>Agreement in ratings</td>
</tr>
<tr>
<td>FP is trained in using observation instruments</td>
<td>→ Decrease in</td>
<td>Rating errors</td>
</tr>
<tr>
<td>FP uses rubrics</td>
<td>→ Increase in</td>
<td>Reliability of scoring</td>
</tr>
<tr>
<td><strong>FP and FR have similar cultural background</strong></td>
<td>→ Higher</td>
<td>Performance ratings</td>
</tr>
<tr>
<td><strong>FP has time to build relationship with FR</strong></td>
<td>→ Higher</td>
<td>Correlations between subjective and objective performance measures</td>
</tr>
</tbody>
</table>

FP = feedback provider; FR = feedback recipient.

Adapted from van de Ridder 2015
Feedback-Seeking Behavior

- Feedback-seeking behaviors appear to be associated with improved performance, higher coal attainment, and improved learning.

Adapted from Crommelink 2013
# R2C2 Model of Feedback

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
<th>Sample facilitator phrases</th>
<th>Theoretical perspectives guiding the phase</th>
<th>Guiding notes</th>
</tr>
</thead>
</table>
| 1: Build rapport and relationship | For the facilitator to engage the physician, build relationship and trust, and establish the credibility of the assessment | • “Tell me about your experience in completing this assessment.”  
• “I’d like to hear about your practice (setting, patients, challenges, what you enjoy).”  
• “Would you like to hear more about the assessment process?” | Humanism (person-centered approach) | • Remember to explore the feedback recipient’s practice context  
• Celebrate successes  
• Confirm what you’re hearing; empathize; show respect; build trust; validate  
• Keep in mind that relationship building is central and needs attention throughout the interview |
# R2C2 Model of Feedback

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
<th>Sample facilitator phrases</th>
<th>Theoretical perspectives guiding the phase</th>
<th>Guiding notes</th>
</tr>
</thead>
</table>
| 2: Explore reactions to and perceptions of the data/report | For the physician to feel understood and to know his/her views are heard and respected | • “What were your initial reactions? Anything particularly striking?”  
• “Did anything in the report surprise you? Tell me more about that....”  
• “How do these data compare with how you think you were doing? Any surprises?”  
• “Based on your reactions, is there a particular part that you would like to focus on?” | Humanism and informed self-assessment | • Be prepared for negative reactions in some cases. Support the expression of negative reactions using general facilitative approaches and explore the reasons for these reactions  
• Note that negative reactions/surprises tend to be more frequently elicited by ...  
  ◦ Subjective data such as multisource feedback (compared with objective data such as chart audit)  
  ◦ Comparative data, when scores are lower than the group mean  
  ◦ Data indicating that the physician is not doing as well as he/she thought |
# R2C2 Model of Feedback

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
<th>Sample facilitator phrases</th>
<th>Theoretical perspectives guiding the phase</th>
<th>Guiding notes</th>
</tr>
</thead>
</table>
| 3: Explore physician understanding of the content of the data/report | For the physician to be clear about what the data mean for his/her practice and the opportunities for change suggested by the data | • “Was there anything in the report that didn’t make sense to you?”  
• “Anything you’re unclear about?”  
• “Let’s go through section by section.”  
• “Anything in section X that you’d like to explore further or comment on?”  
• “Anything that struck you as something to focus on?”  
• “Do you recognize a pattern?” | Humanism and informed self-assessment | • Know the specialty  
• Be aware of specific areas in which opportunities for improvement frequently arise |
# R2C2 Model of Feedback

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
<th>Sample facilitator phrases</th>
<th>Theoretical perspectives guiding the phase</th>
<th>Guiding notes</th>
</tr>
</thead>
</table>
| 4: Coach for performance change | For the physician to engage in “change talk” and develop an action plan that he/she feels is achievable | • “And 6 months down the line—is there anything you would like to see changed?”  
• “If there were just one thing that you would like to target for immediate action, what would it be?”  
• “What might be your goal?”  
• “What action might you have to take?”  
• “Who/what might help you with this change?”  
• “What might get in the way?”  
• For ABIM (and others if appropriate): “How do you see this as linking to a qualitative improvement initiative? To teamwork?”  
• “Do you think you can achieve it?” | Humanism and behavior change | • Remember that physicians need to understand, reflect on, and assimilate the content of the feedback report before being able to plan for change  
• Consider coaching as the skill of offering solutions |
Summary

• Feedback and coaching can be powerful tools for performance change in medical education.

• The provision of accurate, helpful and effective feedback can be challenging.

• Attention to the mechanics of feedback is important.

• Feedback is most effective in the context of a trusting relationship.

• Engagement of both the feedback giver and receiver is crucial to the feedback process.