

# Table of Contents

## Education and Clinical Service Breakout Session

History and Introduction of Medical Education	<b>Erica Brownfield, MD, MBA</b> Professor of Medicine Associate Dean, Medical Education
Resources and Getting Involved	<b>Maria Aaron, MD</b> Professor of Ophthalmology Associate Dean for GME  <b>Erica Brownfield, MD, MBA</b>
Interprofessional Education, Continuing Medical Education (CME) & Maintenance of Certification (MOC)	<b>Nathan O. Spell, MD</b> Professor of Medicine Associate Dean for Education and Professional Development
Giving Feedback to Learners	<b>Lisa Bernstein, MD</b> Professor of Medicine, Division of General Medicine & Geriatrics  <b>Michael Greenwald, MD</b> Associate Professor of Pediatrics, Division of Emergency Medicine

# Medical Education

# Emory University School of Medicine

Erica Brownfield, MD, MBA

for

Bill Eley, MD, MPH

Executive Associate Dean

Medical Education and Student Affairs

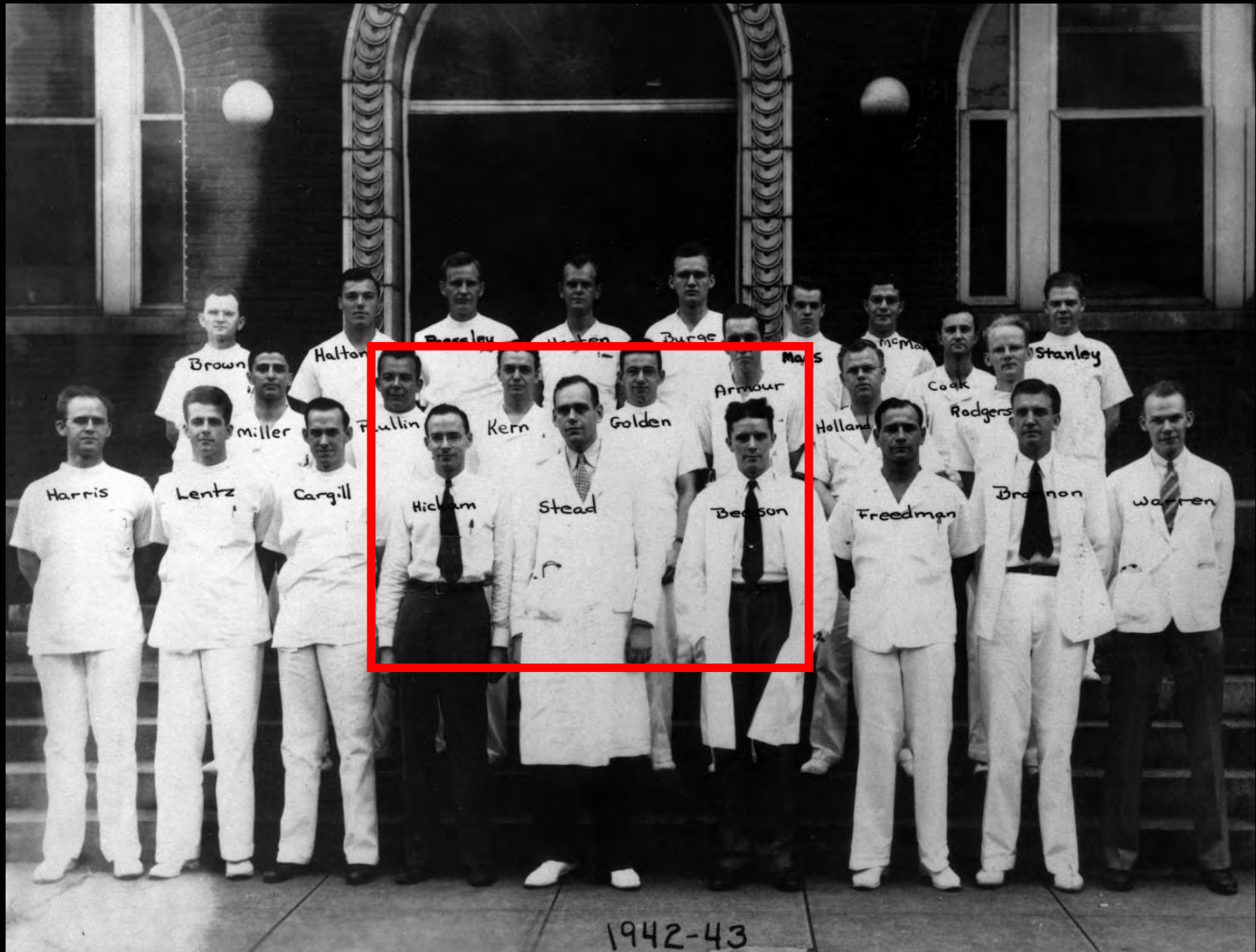
September 29, 2021



EMORY  
UNIVERSITY  
SCHOOL OF  
MEDICINE

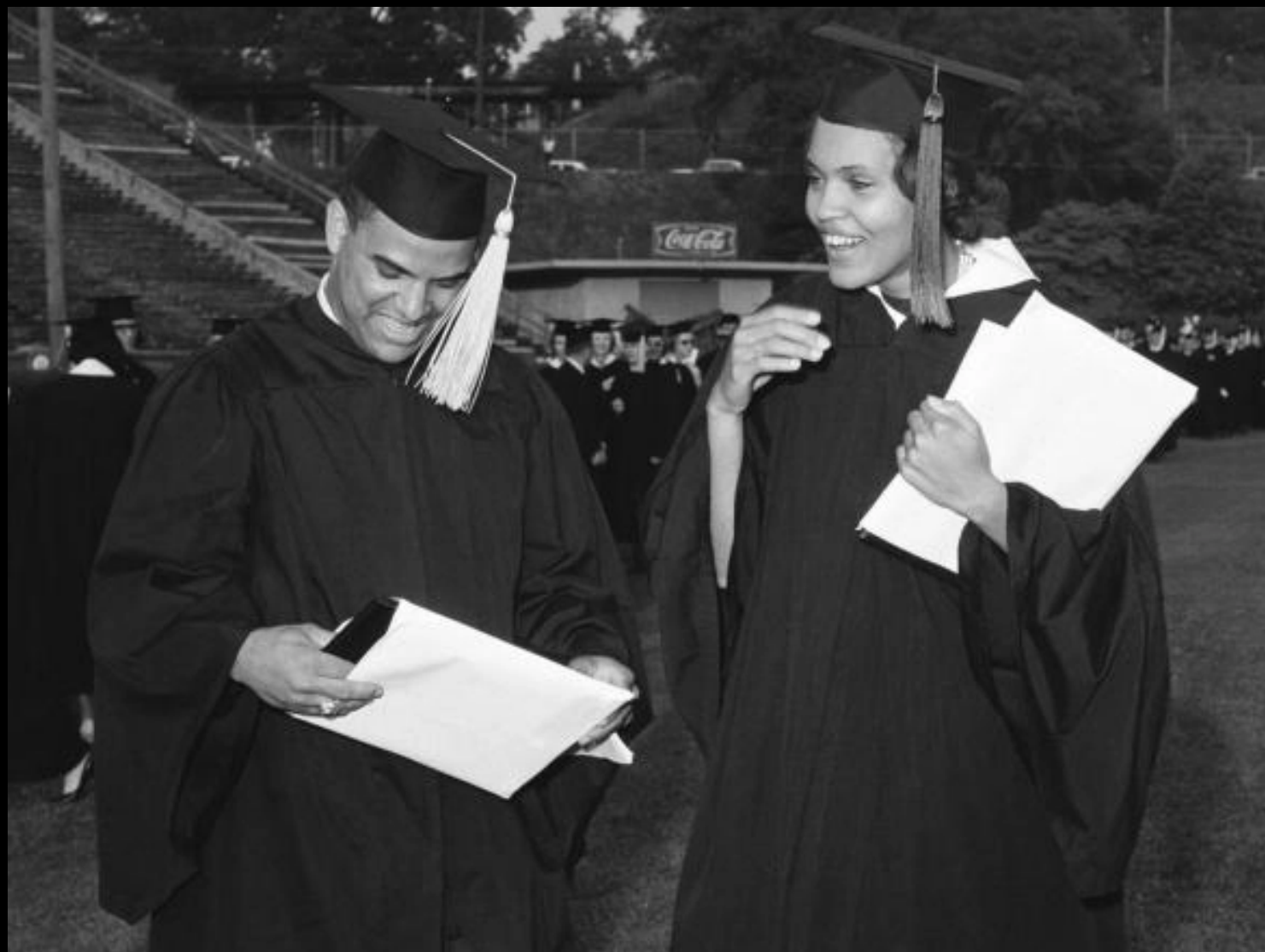
# Emory SOM Origins

- |           |   |
|-----------|---|
| 1854      | Atlanta Medical College chartered (precursor of ESOM)             |
| 1859      | 1 <sup>st</sup> building erected downtown                         |
| 1892      | Grady Memorial Hospital Built                                     |
| 1898-1915 | Lots of medical school mergers                                    |
| 1915      | EUSOM founded   |
| 1917      | EUSOM membership in AAMC  |
| 1917      | Education buildings moved from downtown to Clifton                |
| 1929      | Evangeline Papageorge – 1 <sup>st</sup> SOM female faculty member |
| 1943      | Elizabeth Gambrell – 1 <sup>st</sup> SOM female student           |
| 1963      | Hamilton Holmes – 1 <sup>st</sup> AA medical student              |
| 1968      | Marshalyn Yeargin-Allsop – 1 <sup>st</sup> AAF medical student    |



1942-43







# Medical Education Programs

- Undergraduate Medical Education
  - MD (+/- PhD, MPH, MSCR, MA –bioethics)
  - Doctor of Physical Therapy
  - MMSc (Physician Asst, Anesthesia Asst, Genetic Counseling)
  - BMSc (Medical Imaging)
- Graduate Division of Biologic and Biomedical Sciences (GDBBS)
  - PhD and MSCR
- Graduate Medical Education (GME)
- Continuing Medical Education (CME)





# Medical Education Leadership

J. William (Bill) Eley, MD, MPH, Executive Associate Dean

Marilane Bond, MEd, EdD, MBA, Associate Dean

## GME

Maria Aaron, MD, Associate Dean

Phillip Shayne, MD, Assistant Dean

## Grady Health System

TBA - Assistant Dean

## UME

Ira Schwartz, MD, Associate Dean, Director of Admissions

Erica Brownfield, MD, MBA, Associate Dean, Medical Education

Gordon Churchward, PhD, Assistant Dean

Douglas Ander, MD, Assistant Dean, Health Professions and IPE

Hugh Stoddard, PhD, Assistant Dean, Medical Education

## CME

Nathan Spell, MD, Associate Dean



# Laney Graduate School

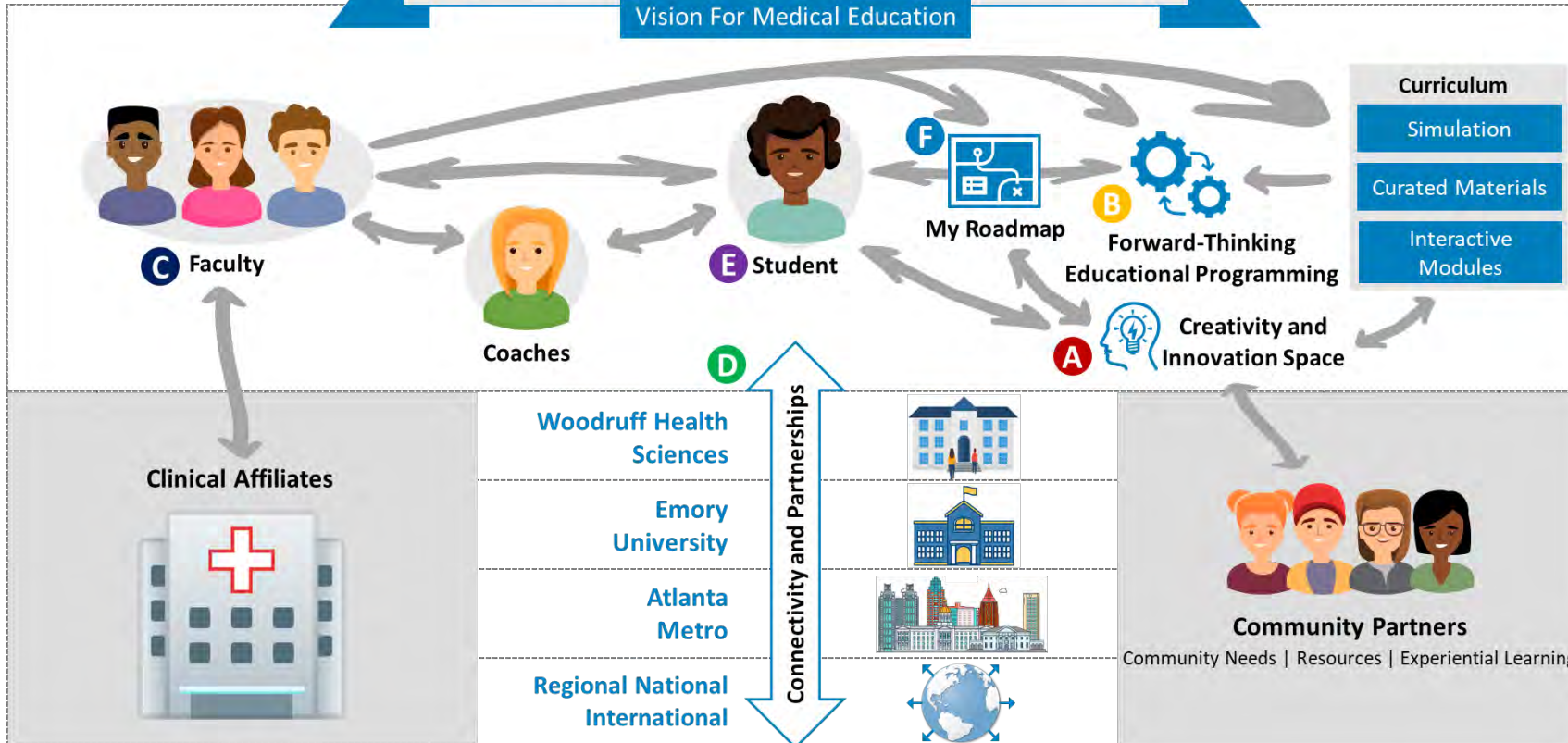
- Graduate Division of Biological and Biomedical Sciences
  - Cancer Biology
  - Genetics and Molecular Biology
  - Immunology and Molecular Pathogenesis
  - Microbiology and Molecular Genetics
  - Molecular and Systems Pharmacology
  - Neuroscience
  - Nutrition and Health Sciences
  - Population Biology, Ecology, and Evolution



# MEDICAL EDUCATION STRATEGIC ROADMAP

EMORY | UNIVERSITY SCHOOL OF MEDICINE

Vision For Medical Education



- CREATIVITY AND INNOVATION SPACE
- FACULTY GROWTH AND DEVELOPMENT
- STUDENT SUPPORT AND WELL-BEING

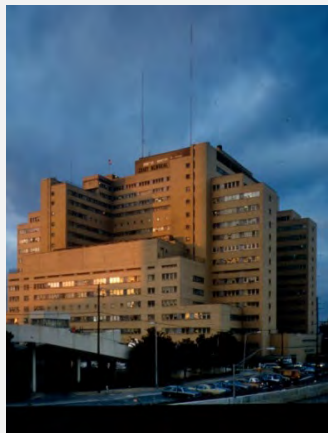
- FORWARD-THINKING EDUCATIONAL PROGRAMMING
- CONNECTIVITY AND PARTNERSHIPS
- PERSONAL LEARNING ROADMAP





# Graduate Medical Education

## Emory University School of Medicine



Maria Aaron, MD  
Associate Dean of Graduate Medical Education  
Professor, Ophthalmology  
Emory University School of Medicine



# Emory GME

---



# The GME Team

- Maria Aaron, MD, Associate Dean of GME and DIO
- Philip Shayne, MD, Assistant Dean of GME and Associate DIO



# Emory GME

- 1350 trainees, 75% are in core programs
- 111 training programs, 25% are core programs
- ~100 non-ACGME fellows in 90 fellowships
  
- Location: 327 SOM Education Bldg.
- Anonymous Email:  
<http://www.med.emory.edu/gme/housestaff/index.html>
- Google “Emory GME anonymous feedback”



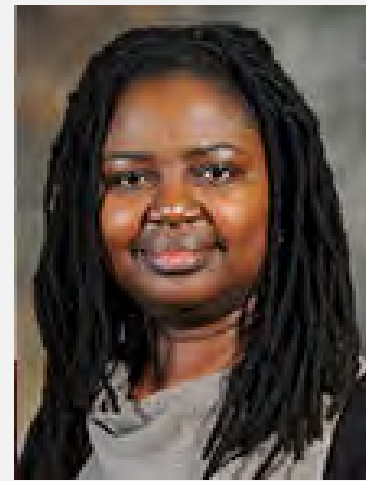
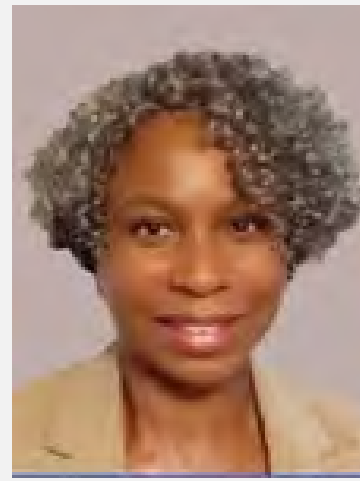
# Education Leadership Team

- Bill Eley, MD, MPH, Executive Associate Dean of Education
- Marilane Bond, EdD, MBA, Associate Dean of Education
- Assistant Dean of Education at Grady



# The GME Team

- Jianli Zhao, Ph.D., Director of GME
- Taiwana Mearidy, M.B.A., Associate Director of GME
- Nancy DeSousa, PhD, MPH, Assistant Director, Multicultural Affairs, Learner Diversity Programs for GME
- Janice Harewood, PhD, FSAP GME Psychologist
- Ulemu Luhanga, MSc, MEd, Ph.D., Director, Educational Development and Scholarship



# Emory GME

- 1350 trainees, 75% are in core programs
- 111 training programs, 25% are core programs
- Location: 327 SOM Education Bldg.
- Anonymous Email:  
<http://www.med.emory.edu/gme/housestaff/index.html>
- Google “Emory GME anonymous feedback”

# Overview Emory GME

Administration

Contracts

Policies

Finances

Accreditation

Surveys

Site Visits

ACGME  
Status

Education

QI/PS

Prof

Teaching

Wellness

Mental  
Health

Physical  
Health

Financial  
Health

Diversity

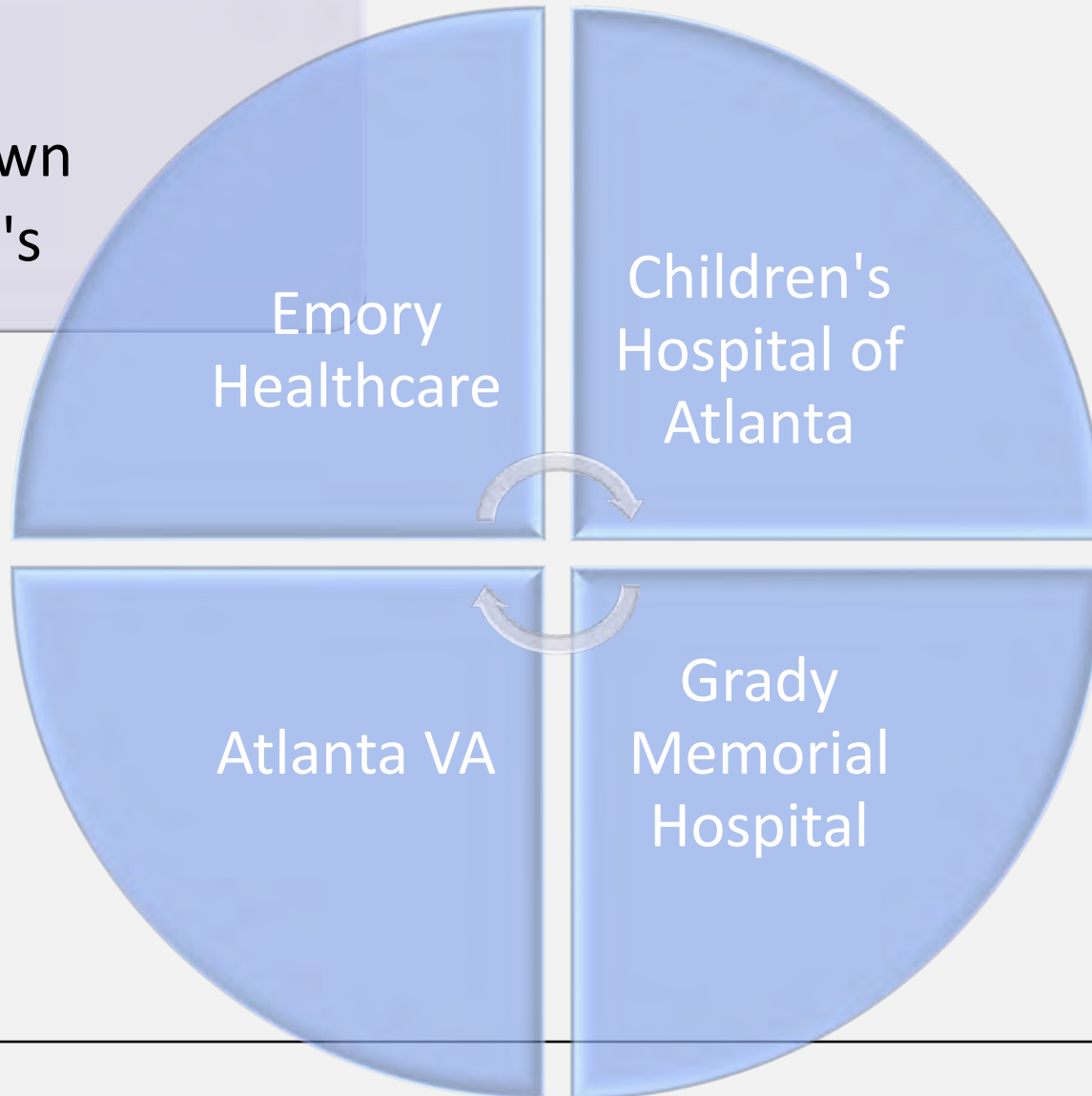
Support

Recruitment

Outreach

# Hospital Partners

- EUH
- EUH  
Midtown
- St. Joe's



# “Emory GME Residency Tracks”



[About](#) [Education](#) [Research](#) [Clinical Experience](#)

[Giving](#) [Directory](#) [Search](#)

[Home](#) • [Education](#) • [Graduate Medical Education](#) • [Housestaff](#) • [Emory Residency Tracks](#)

## Emory Residency Tracks

### [Ethics](#)

This **18-month track** will provide residents and fellows with foundational knowledge and skills to (a) prepare for in-depth contributions to healthcare system ethics committees and ethics consultation services and (b) utilize ethical thinking in clinical care, teaching and scholarship.

### [Healthcare Management](#)

This **24-month track** will support residents & fellows to gain the knowledge, skills, and methods necessary to: (a) become leaders in healthcare administration; and (b) prepare them for careers that incorporate leadership and administrative responsibilities.

### [Quality Improvement & Patient Safety](#)

This **24-month track** will support residents to gain the knowledge, skills, and methods

### [Global Health](#)

This **12-month track** aims to provide the Emory resident or fellow with learning opportunities and a one month clinical rotation in Ethiopia; as well as opportunities to "give back" and provide education and teaching to residents, medical students and other trainees.

### [Health Equity, Advocacy, & Policy \(HEAP\)](#)

This **24-month track** will support residents & fellows to gain the knowledge, skills, and methods necessary to: (a) effectively address the social determinants of health and (b) advocate for health policies that address them systemically to further health equity.

### [Simulation Track](#)

This **12-month track** will support residents to gain the knowledge, skills, and methods necessary to: (a) participate in simulation-based medical education and research; and (b) launch

### [Medical Education](#)

This **18-month track** will support residents to gain the knowledge, skills, and methods necessary to: (a) become scholarly teachers and (b) prepare them for careers as medical education scholars.

### [Medical Innovation](#)

This **24-month track** will support Emory residents to gain knowledge, skills, and experience necessary to: (a) recognize and address problems in healthcare which are amenable to engineering, technology, and entrepreneurial approaches and (b) prepare them for careers using innovation to improve the delivery of healthcare. This track is sponsored by Georgia CTSA's Innovation Catalyst and will be open to participation to residents from all graduate clinical education programs within the Georgia CTSA.



# “Emory GME Core Curriculum”



## Core Curriculum Roadshow

### Mission Statement

- To prepare residents and fellows that will emerge from their training programs with a core set of knowledge and skills in Educational Systems and Health Care Systems (i.e., Systems-Based Practice, Professionalism, & Practice-Based Learning and Improvement) needed to work effectively in clinical learning environments.
- To further educate the core faculty to enhance their skills in Educational Systems and Health Care Systems.

### Goals

To produce residents, fellows, and faculty who:

- Are prepared for their roles as teachers, assessors, and supervisors
- Are experienced in the methods and tools of quality improvement and patient safety
- Participate in the quality and safety systems of their clinical learning environments

### Philosophy

#### Residencies and Fellowships

[Programs](#)

[Housestaff](#)

› [House Staff Organization](#)

› [Stipends](#)

› [Housing and Benefits Info](#)

› [House Staff Orientation](#)

› [Visiting Residents](#)

› [Core Curriculum Roadshow](#)

› [Emory Residency Tracks](#)

› [House Staff Policies and Procedures Manual](#)

[Wellness](#)

# “Emory GME Well”

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

About Education Research Clinical Experience Giving Directory Search

Home • Education • Graduate Medical Education • **Wellness**

## Wellness

Crisis	Well being at Emory	Other resources	National Suicide Prevention Lifeline	Related Media
<p><b>Faculty Staff Assistance Program (FSAP)</b> 404-727-WELL (404-727-4328)</p> <p><a href="#">FSAP website</a></p> <p><a href="#">FSAP Crisis Resources</a></p> <p><a href="#">Online self assessments</a></p> <p><a href="#">Emotional health</a></p>	<p><a href="#">Healthy Emory</a></p> <p><a href="#">Fitness Facilities</a></p> <p><a href="#">Emory Work Life Resources</a></p>	<p><a href="#">GME Benefits</a></p> <p><a href="#">GME Medical Plan</a></p> <p><a href="#">GME Gym Access</a></p> <p><a href="#">Lyft Ride Home</a></p> <p>Lactation rooms - <a href="#">Emory and Grady</a> - <a href="#">CHOA</a></p> <p><a href="#">GME Resources Summary</a></p> <p><a href="#">Emory Employee Discounts</a></p>	<p>If you are in crisis, please call the National Suicide Prevention Lifeline</p> <p><b>1-800-273-TALK (8255)</b></p> <p>or contact the <b>Crisis Text Line</b> by texting <b>TALK</b> to <b>741741</b></p>	<p><a href="#">Physician and Medical Student Depression and Suicide Prevention</a></p> <p><a href="#">Emory GME Wellness</a></p>



# “Emory FSAP”

The screenshot shows the Emory FSAP website. At the top right, there are buttons for "APPOINTMENTS" and "IN CRISIS". Below these are navigation links for "SCHOOLS", "LIBRARIES", and "RESOURCES", along with a search bar. The main header features the "EMORY Faculty Staff Assistance Program" logo. A secondary navigation bar includes "HOME", "EMOTIONAL HEALTH", "WORKPLACE RESOURCES", "EVENTS & WORKSHOPS", and "ABOUT".

**30 FSAP**  
Serving Emory for over 30 Years

**Learn to Refresh From Stress**

**Daily Refresh**  
Tue, Sep 22, 2020, 4:30pm  
Zoom

**Daily Refresh**  
Wed, Sep 23, 2020, 4:30pm  
Zoom

**Daily Refresh**  
Thu, Sep 24, 2020, 4:30pm  
Zoom

[See all »](#)

**Self Assessments**

Do you have an issue that may need to be addressed? Complete an online self-assessment service for immediate computer-generated confidential results.

[VIEW MORE »](#)

**Emotional Support Amid COVID-19 and Racial Injustice**

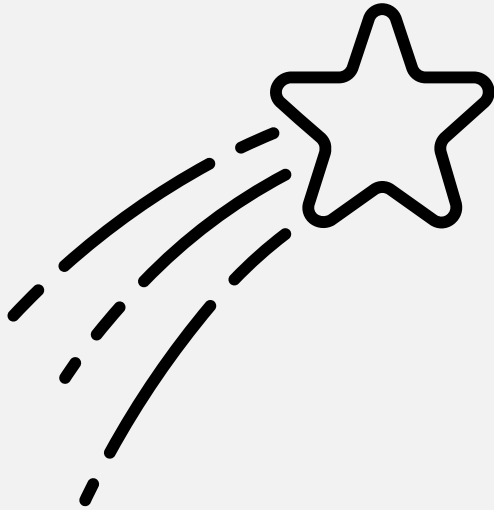
Recent events, both here and abroad, have affected all of us. For those who are struggling with emotions or stress, FSAP can provide support through individual appointments via phone consultation.



# Departmental Opportunities

- **Teach**
  - Clinical or surgical teaching faculty
  - Lectures to residents/fellows
- **Mentor**
  - Research projects; Quality improvement project
  - Learners; Junior faculty
- **Lead**
  - Serve as Program Director or Associate Program Director
  - Serve on Departmental Committees:
    - Program Evaluation Committee
    - Clinical Competency Committee

# GME Advice



---

Role Model

---

Evaluate

---

Participate

---

Mentor

---

Enjoy

# Emory GME

---



# Undergraduate Medical Education

Erica Brownfield, MD, FACP, MBA

Professor of Medicine

Associate Dean of Medical Education



# Helpful to Know

- Medical education - complex system
- Many people, many programs
- Multiple stakeholders
- Working together
- Strategic planning

# Helpful to Know

- Many opportunities in education exist – just ask
- Multiple pathways
- Education leaders often identified by patient care and role-modeling
- Learners pay attention and provide feedback through many mechanisms
- Helpful to know expectations
- Helpful to know departmental education leaders (vice chair for education, clerkship, program directors – contact them for advice and if learner concerns (early!))
- Don't expect to be financially compensated for education efforts (at first)
- Expect homework with education roles

# Advice

- Focus on being a great doctor
- Be a great role model – patient care, professionalism
- Build relationships
- Communication is critical
- Get to know your learners and let them get to know you
- Be mindful and intentional about learning environment you are creating
- Set and communicate expectations
- Goal should be to earn respect and trust (not friends)



# Advice

- Pay attention – direct observation, verbal/non-verbal cues (learners, yourself)
- Give descriptive and truthful feedback and ask for it in return
- Trust your gut instinct – speak up, ask for help, reflect
- Continue to be a learner
- Explore opportunities and interests
- Say yes often; you can say no later
- If chosen, do a good job
- Help create/propose a solution
- Find someone you admire and reach out
- It never hurts to ask!

# Opportunities

- Bedside teaching in clinical environment (ward attending) for required clerkships and electives
- Outpatient preceptor for M1 students (OPEX)
- Clinical preceptor for Adult Primary Care clerkship
- Electives director
- Teach in many courses, clerkships
- Small Group Advisor (Society System)
- Discovery research mentor
- Committee member
  - Admissions Committee
  - Executive Curriculum Committee
  - Task Forces

# Final Thoughts

- Appreciate all education efforts
- Faculty make a profound impact on learners that lasts a lifetime
- EUSOM education community – good company to keep
- If you decide education not right path – find the path for you
- Fun, rewarding path but not without its challenges
- We are here to help

## OPPORTUNITIES for FACULTY INVOLVEMENT Undergraduate (Medical Student) Medical Education



EMORY  
UNIVERSITY  
SCHOOL OF  
MEDICINE

Volunteer for a SOM or Departmental Education Committee:

- Curriculum Committee Subcommittees
- Medical Education Day Planning Committee
- Interviewer for Admissions Committee
- Department Committee

Task Forces:

- Ad Hoc charged by Executive Curriculum Committee

*Discovery* Mentor (M3 research)

Small Group Advisor – Application process

M2 or M4 Elective Director

OPEX (*Out-Patient Experience*) Preceptor for M1/M2 students

Bedside Teaching:

- Preceptor in *Essentials of Patient Care* (Pt-Doctor Communication & Physical Exam)
- Inpatient Ward Attending (one of the most important venues for teaching MD students)

Course/Module/Clerkship Directors

Module teaching: didactics; other sessions (Module Directors select Module faculty)

Clerkship teaching: didactics; skill labs; other sessions (Clerkship Directors select clinical faculty)

Course teaching:

- Instructor in *Clinical Ethics*
- Instructor in *Essentials of Patient Care* (Pt-Doctor Communication & Physical Exam)
- Instructor in *Community Learning and Social Medicine Course* (M1/M2 year)
- Instructor in *Integration* (during the clinical clerkship year – Application Phase)

*Capstone Course*: Selective directors and teachers (Capstone Directors select faculty)

Clinical Academic Advisor – advise 3<sup>rd</sup> and 4<sup>th</sup> year students about senior schedules, Residency process (as an additional resource to what is already provided to students through the SOM)

Emory DOCS (*Emory Development of Careers and Specialty Choice*) – advise/assist students about career opportunities

**\*\*Speak with your Department's Vice Chair or Leader for Medical Education\*\***

**TERMS OF SERVICE, CONTACT PERSON, other INFO**

<b>Opportunity</b>	<b>Service Term</b>	<b>Method of Selection</b>	<b>Contact Person if Interested Department Vice Chair for Education or Medical Education Leader or Chair</b>
Curriculum Committee Subcommittees	3-years	Appointed, Elected and Ex-Officio Members	Dr. Erica Brownfield
Medical Education Day Planning Committee	No set term limits	Invited by Committee from interested faculty and staff	Dr. Maha Lund (PA Program)
Admissions Committee	3-years	Appointed and Elected	Dr. Ira Schwartz
<i>Ad Hoc</i> Task Forces charged by the Executive Curriculum Committee	Variable terms set by specific charge to ad hoc group; typically several months	Invited by ECC from interested faculty	Dr. Erica Brownfield
Small Group Advisor	No set term limits	Appointed	Dr. Mary Jo Lechowicz Dr. Ira Schwartz
Discovery Mentor	No set term limits	Invited by Discovery director from interested faculty	Dr. Maureen Powers
Elective course/clinical rotation director	No set term limits	Invited by Electives and Capstone Subcommittee from interested faculty	Dr. Jason Liebzeit
OPEX preceptor	No set term limits	Invited by OPEX director from interested faculty	Dr. Pamela Vohra-Khullar
Emory DOCS (Development of Career and Specialty Choice)	No set term limits	Endorsed by Department	Dr. Mary Dolan
Course/module director	No set term limits	Appointed	Dr. Erica Brownfield Dr. David Schulman
Clerkship director	No set term limits	Appointed	Department Vice Chairs for Education or Chair
Course/module teaching	No set term limits	Invited by course/module directors	Course/module directors
Clerkship teaching	No set term limits	Invited by clerkship directors	Clerkship directors

## OPPORTUNITIES for FACULTY INVOLVEMENT Graduate (Resident/Fellow) Medical Education



EMORY  
UNIVERSITY  
SCHOOL OF  
MEDICINE

### A. Departmental Opportunities:

Clinical or surgical teaching faculty

Lectures to residents/fellows

Mentor research projects

Be involved in diversity/equity/inclusion or wellness projects

Serve as Program Director or Associate Program Director

Serve on Departmental Education Committees:

- Program Evaluation Committee
- Clinical Competency Committee

### B. GME Opportunities

- Core Curriculum Roadshow  
[http://med.emory.edu/gme/housestaff/curriculum\\_roadshow1/index.html](http://med.emory.edu/gme/housestaff/curriculum_roadshow1/index.html)
  - Patient Safety
  - Adverse Events & Near Misses
  - Quality Improvement
  - Care Transitions
  - Professionalism
  - Physician Well-Being
  - Clinical Teaching
  - Assessment
  - Recognizing & Assisting the Struggling Student
- Residency Tracks
  - Global Health, Ethics, Quality Improvement/Patient Safety
  - Medical Education, Hospital Administrative
  - Biomedical Innovation, Simulation
- Wellness Initiatives
- Diversity, Equity, Inclusion Initiatives

# Growing as an Educator at Emory

**Nathan Spell, MD**

Associate Dean for Education and Professional  
Development

# Woodruff Health Educators Academy

- Need for community-building for educators
- Fill gaps in Emory portfolio of professional development opportunities
  - Especially education research and scholarly approach to teaching and learning
- Recognizing that these same needs exist across WHSC
- Increase reward for faculty by enhancing recognition and academic advancement as educators





# WOODRUFF HEALTH EDUCATORS ACADEMY

promote and support the practice of teaching

## **Mission**

- To bring together educators across the health sciences at Emory to promote and support the practice and scholarship of teaching and learning.

## **Vision**

- To foster an interprofessional community of educators across the health sciences at Emory

# WHEA Fellowship in Education Scholarship

- AAMC MERC Program (Medical Education Research Certificate) – 2<sup>nd</sup> cohort of participants under way
- 18 month program
  - 9 workshops over 9 months
  - Mentored project working groups to support application of learning to project
  - Report on scholarly project at end of program
- Directed by Linda Lewin, MD and Ulemu Luhanga, MSc, MEd, PhD

# WHEA Teaching Fellowship

- 12-month program of workshops, 3<sup>rd</sup> cohort underway (applications have closed for spring)
- Capstone project
- For those wishing to position themselves for formal roles in education
- Directed by Ulemu Luhanga, MSc, MEd, PhD and Taryn Taylor, MD

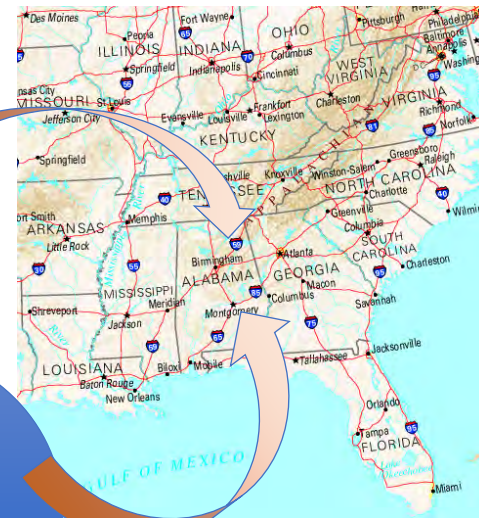
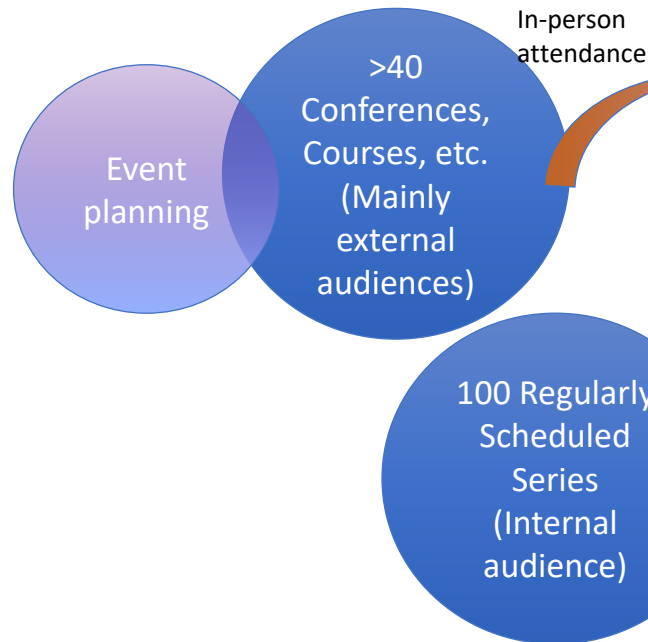
## Other WHEA activities

- Interprofessional Education Journal Club
  - 4th Thursday each month at noon
- WHEA Teaching Pathways – under development
  - Self-paced personal development as educator
- Education Salons
  - Social/networking event with guest speaker
- Educators podcast (under development)
- SIGN UP FOR THE WHEA LISTSERV

# Continuing Medical Education

EUSOM is accredited by the Accreditation Council on Continuing Medical Education as a provider of CME, and we work with the School of Nursing to provide nursing credits for applicable activities.

CME Staff  
1 Director  
1 Business Mgr  
5 Program coord.  
1 Admin. Asst.



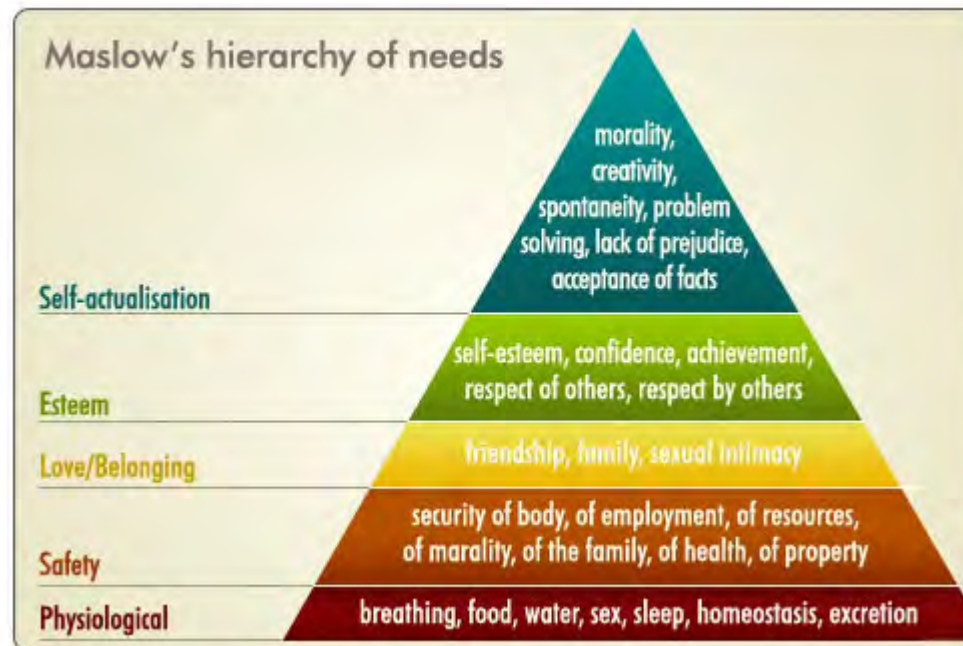
Some are recorded and streamed for outreach

# Maintenance of Certification Portfolio Sponsor

- Emory Univ. School of Medicine is certified by the ABMS
- Can grant part 4 MOC for QI projects
- Projects can be interdisciplinary
- Contact Dr. Nate Spell [nspell@emory.edu](mailto:nspell@emory.edu) or Shirley Miller [smill25@emory.edu](mailto:smill25@emory.edu)



# Shaping the learning environment





# The Cure for Vanishing Feedback in Medicine:

Overcoming Negativity Bias and  
becoming a Doctor-Coach

**MICHAEL GREENWALD, MD, FAAP**

ASSOC PROF PEDIATRICS & EMERGENCY MEDICINE

EMORY UNIVERSITY SCHOOL OF MEDICINE


**LISA BERNSTEIN, MD, FACP**

PROFESSOR OF MEDICINE

EMORY UNIVERSITY SCHOOL OF MEDICINE



# Financial Disclosures

External Industry Relationships *	Company Name	Role
Equity, stock, or options in biomedical industry companies or publishers	None	
Board of Directors or officer	None	 A cartoon illustration showing a large, gloved hand holding a pen, poised to sign a document. Below the hand, a small, surprised-looking figure is being crushed or stepped on. The figure has a wide-eyed, open-mouthed expression. The background is a simple, light-colored wall with some faint lines suggesting a floor or a wall.
Royalties from Emory or from external entity	None	
Industry funds to Emory for my research	None	
Other	None	

# Objectives for this WORKSHOP

Compare & Contrast	Formative vs Summative Feedback
Define	Negativity Bias
List	5 key components to an effective feedback session
Describe	how a “coach’s” approach can address some of the impediments to effective feedback

# The big WHY?

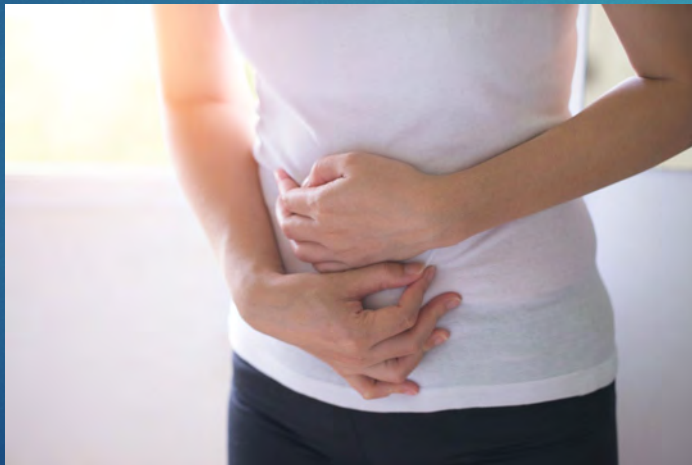


# Outline for Today

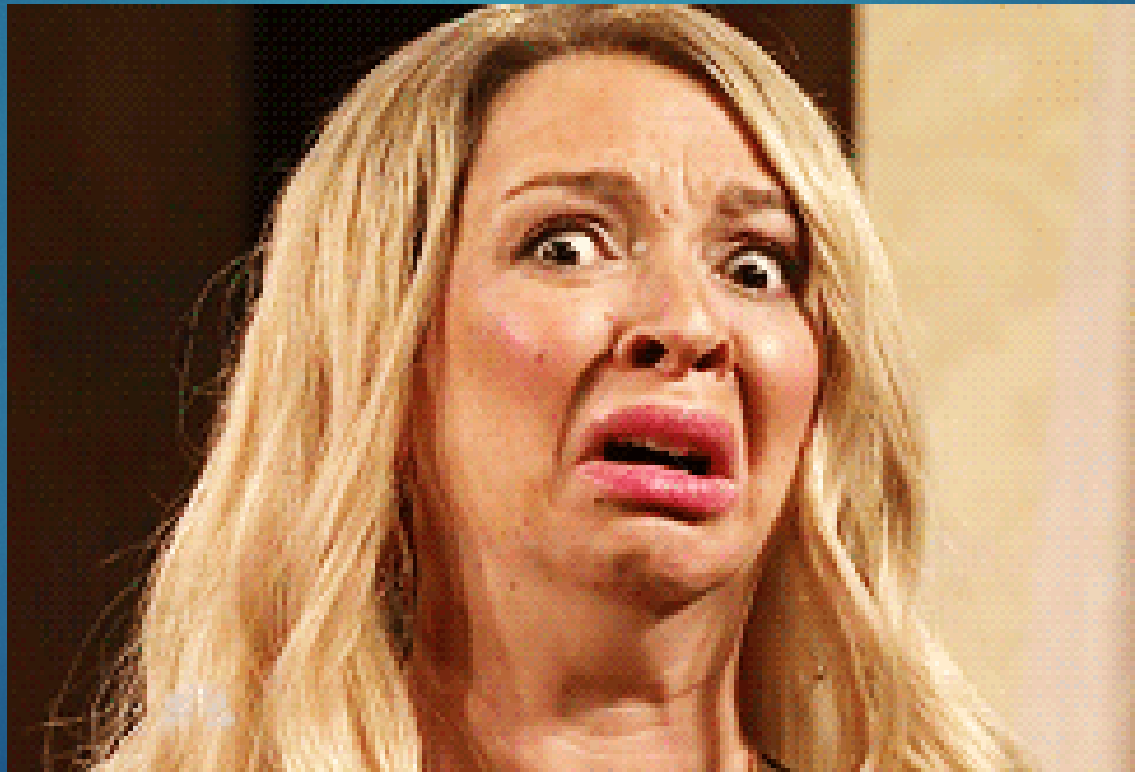
- I. **Define** Feedback
- II. **Describe** the importance of *effective* feedback
- III. **Analyze** challenges of providing effective feedback
- IV. **Review** some models of giving & receiving feedback



You are giving and receiving feedback all of the time



*"I want to give you  
some feedback"*



# I. What IS Feedback?

Communication of  
one person's observation  
of **morality**



# Morality?

*I thought this was a medical talk*

- ▶ **Morality:** the differentiation of intentions, decisions and actions between those that are distinguished as proper and those that are improper



# The Righteous Mind: Why Good People are Divided by Politics & Religion

by J Haidt

- ▶ Morality is based more on intuition than rationality
- ▶ The strongest aspects of morality pertain to **fairness** and **harm**
- ▶ **Morality binds and blinds us**

# How does the concept of Morality help us understand the practice of Feedback in Medicine?

When we offer feedback in medicine:

- ▶ Reflects the **values of the perceiver**
- ▶ Should reflect **standardized values**
- ▶ May improve medical care
- ▶ Could perpetuate or worsen medical practices, relationships



# Feedback (in Medical Education) Defined

The process by which a (teacher)

- ▶ collects data by observation,
- ▶ compares (learner) performance to a standard, and provides (the learner with) information about their performance
- ▶ for the purpose of improving their performance

# Effective Feedback?

---

*Excellent resident*

---

*Great with patients*

---

*Clearly demonstrates proficiency*

---

*I enjoyed working with this trainee*

---

*Very professional attitude and approach*

---

*Exemplary professionalism*



# Effective feedback?



*Needs to  
read more*



*Disorganized*



*Work on  
presentations*



# 3 Types of Feedback

- ▶ **APPRECIATION**: to acknowledge, give credit or thank
- ▶ **COACHING (FORMATIVE)**: to help the receiver fine-tune skills, tweak understanding increase knowledge, improve
- ▶ **EVALUATION (SUMMATIVE)**: to score against expectations

Stone, Douglas and Sheila Heen. *Thanks for the Feedback: The Science and Art of Receiving Feedback Well*. New York: Penguin Books, 2014.

# Types of Feedback



## Formative (aka "Feedback")

- ▶ Information
- ▶ Provided during the experience
- ▶ Describes specific performance
- ▶ Intent:
  - Guide future performance
  - Facilitate improvement

## Summative (aka "Evaluation")

- ▶ Judgment
- ▶ Provided at the end
- ▶ Degree to which they met set standards
- ▶ Intent: provide (record) outcomes of a period of time

# Feedback (in Medical Education)

The process by which a (teacher)

- ▶ collects data by observation,
- ▶ compares (learner) performance to a standard, and provides (the learner with) information about their performance
- ▶ for the purpose of improving their performance





## II. How Important is Effective Feedback?



What are the benefits  
of giving feedback?

What are the benefits of  
receiving feedback?

# Benefits of Giving Feedback

Address issues or reinforce behavior in real time...makes your life easier

Avoids kicking the problem down the road

# Importance of Receiving Feedback: Learning & Growth

Receiver can draw value out of *any* feedback – goal is to improve

Building resilience: Getting better at receiving feedback reduces stress

Feedback is learning something about yourself that maybe you did not appreciate or understand before

# Feedback IS Essential to Learning

## *Evidence in the literature*

- ▶ Effective feedback has positive impact on academic development of learners
- ▶ Feedback is crucial to knowledge and technical skill
- ▶ Compliments do not improve technical skill

Rogers, DA et al. Engaging medical students in the feedback process. *Am J of Surg* 2012;203:21-25.

Paritosh, K. Effective feedback strategies for teaching in pediatric and adolescent gynecology. *J Pediatr Adolesc Gynecol.* 2014; 27: 188-193

Shute, V. Focus on formative feedback. *Rev of Educ Rsch.* 2008;78(1):153-189.

Sinclair HK, Cleland JA Undergraduate Medical students: who seeks formative feedback? *Med Educ* 2007;41:580-582.

# Evidence on frequency & quality of feedback

- ▶ Feedback in clinical training judged inadequate in frequency and quality
- ▶ Learners are dissatisfied with feedback received

Ende, J. Feedback in clinical medical education. *J Amer Med Assoc* 1983;250:777-781.

Boehler, ML et al. An investigation of medical student reactions to feedback: a randomised controlled trial. *Med Educ* 2006;40:746-749

Rudolph, JW, Simon R, Raemer DB et al. Debriefing as formative assessment: closing performance gaps in medical education. *Acad Emer Med* 2008;15:1110-16.

Prystowsky JB, Darosa, DA. A learning prescription permits feedback on feedback. *Am J Surg* 2003; 185:264-267.

Harvey P, Radomski N, O'Connor D. Written feedback and continuity of learning in a geographically distributed medical education program. *Med Teach* 2013;35:1009-1013.

# Evidence on frequency & quality of feedback

- ▶ Residents don't find it useful or take it seriously
  - Lack of specificity, clear performance standards or timeliness
  - Inadequate observation, lack of clarity about performance standards, nonspecific feedback

Miller A, Archer J. *BMJ*.2010;341(7775):c5064.

Driessen E, Scheele F. *Med Teach*. 2013;35(7):569-574.

Iobst WF, Sherbino J, et al. *Med Teach*. 2010;32(8):651-656.

### III. What is so difficult about giving/receiving Feedback?





## Feedback Inhibitors

- ▶ Need standards of competence
- ▶ (Perceived) Time constraints
- ▶ Receptiveness to feedback
- ▶ Hurt feelings
- ▶ Damage reputation
- ▶ Damage relationship
  
- ▶ **“Vanishing Feedback” - > Feedback Phobia Pandemic**

# Negativity Bias

Even when of equal intensity – **things of a more negative nature** (unpleasant thoughts, emotions, social interactions) **have a greater effect** on one's psychological state

Negative feedback leads to a greater emotional reaction than positive feedback



# Biases in feedback

## Adjectives for Female students:

- Energetic
- Cheerful
- Lovely
- Wonderful
- Fabulous
- Efficient
- Compassionate
- Comprehensive

## Adjectives for Male Students:

- Respectful
- Considerate
- Good
- Humble
- Relevant

Rojek A et al Study of 90K narrative evals for 3<sup>rd</sup> year clerkships @ UCSF and Brown U (2006-16) identified 37 descriptive words applied differently by gender and URM:

# Biases in feedback

## Adjectives for URM students:

- Pleasant
- Open
- Nice

## Adjectives for non-URM students:

- Enthusiastic
- Sharp
- Bright
- Mature
- Sophisticated
- Outstanding
- Impressive
- Advanced

Rojek A et al Study of 90K narrative evals for 3<sup>rd</sup> year clerkships @ UCSF and Brown U (2006-16) identified 37 descriptive words applied differently by gender and URM:

# IV. Models & Strategies for Giving/Receiving Feedback

- ▶ Memorable models:

*The Feedback*

*Sandwiches*

- ▶ Strategic Identity

Change: *Coach, not Critic (or*

*Clinician)*

- ▶ Learning to Receive: *S.I.F.T.*

Models in  
Feedback:  
*the Classic*



# Feedback Model 2.0: *Gourmet Sandwich*



## Ask

- ▶ Learner as active participant

## Tell

- ▶ Report observations  
(positive & negative)
- ▶ Relate to **shared goals**

## Ask

- Generate ideas together
- Gauge acceptance
- Commit to shared **follow-up**

# ASK #1:

## Questions for Self-Assessment

- ▶ Where were they most successful?
- ▶ How can knowledge/skill expand?  
What skills need to be fine-tuned?
- ▶ How can experience inform  
decision-making?
- ▶ What needs to change/stay to be  
successful?

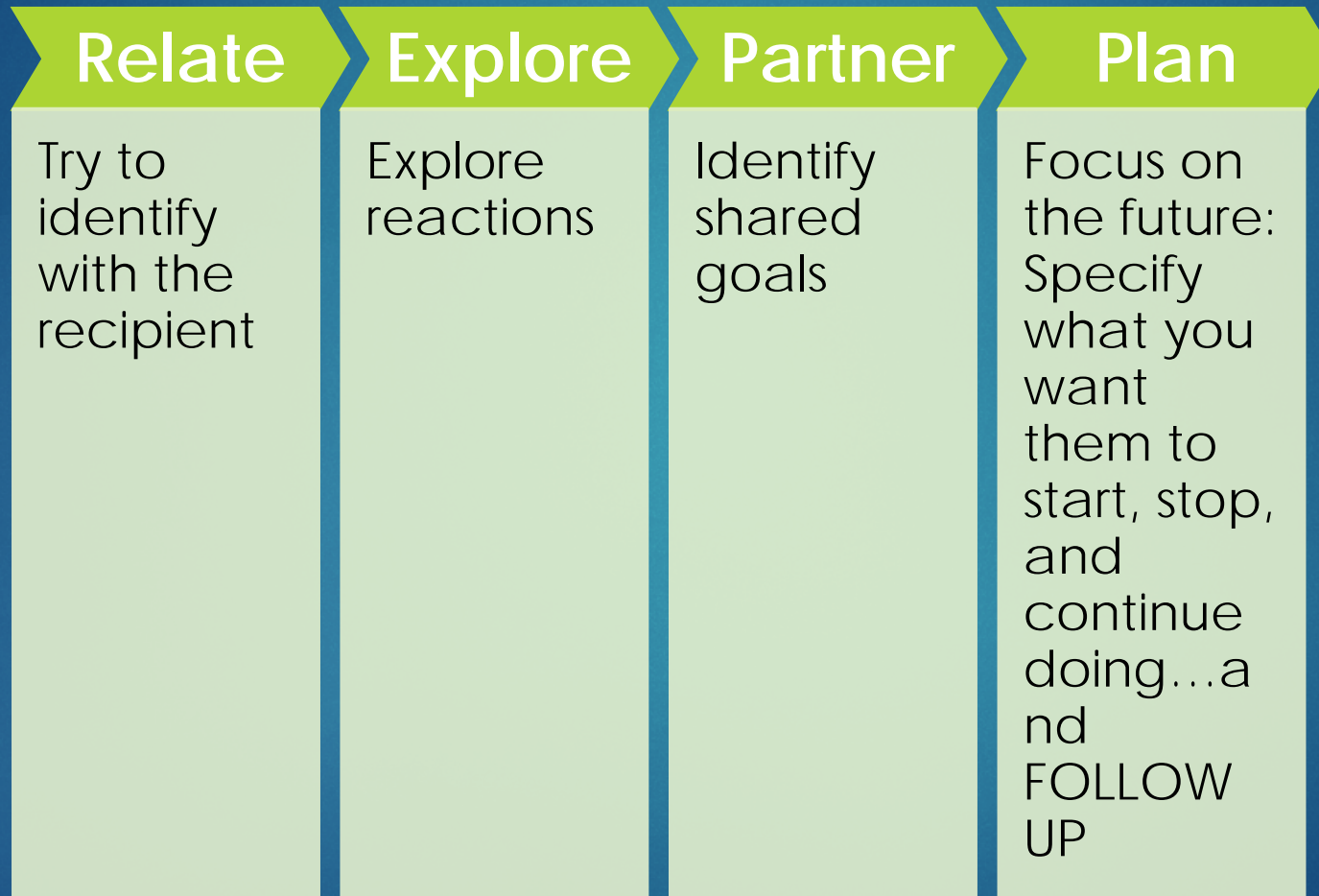
Stone, Douglas and Sheila Heen. *Thanks for the Feedback: The Science and Art of Receiving Feedback Well*. New York: Penguin Books, 2014.



# TELL: Feedback should be...

- ▶ Expected
- ▶ Well-timed, in an appropriate setting
- ▶ Limited in scope
- ▶ Based on first-hand data
- ▶ Limited to remediable behaviors and specific performances
- ▶ Phrased in nonjudgmental language

# TELL what you have observed: R.E.P.P.



# ASK #2: Collaborative

- ▶ Explore **understanding**
- ▶ Generate ideas **together**
- ▶ Gauge **acceptance**
- ▶ Commit to shared **follow-up**

# Key Aspects of Giving Feedback

- ▶ Try to identify with the recipient
- ▶ Honesty: explain the reason for the feedback
- ▶ Focus on the future: What can your learner/team member do to move forward?
- ▶ Remain objective
- ▶ Pay attention to your facial expressions

## *Redefine Yourself as a Coach:*



How do good coaches make their players/teams better?

# Teacher as Coach

- Knows the team
- Demonstrates skills
- Role Models desired behavior
- Supports team members
- Motivates: Push & Inspire
- Focus on Essentials
- Identify Next Step in Development
- Repetitive Practice
- Ongoing Assessment



# Tips on How to Receive Feedback

Shanita Williams *Feedback Mentality*

➤ **S.I.F.T.** through the feedback to choose what to accept/adopt

▶ Source

▶ Impact

▶ Frequency

▶ Trends

▶ <https://www.npr.org/2021/08/24/1030659507/receiving-feedback-doesnt-have-to-be-scary-heres-how-you-can-get-most-out-of-it>

# Tips on How to Receive Feedback

## Shanita Williams *Feedback Mentality*

- ▶ Slow Down & Digest/Investigate
  - ▶ begin with low stakes questions: *(What could I do differently?)*
- ▶ Keep yourself OPEN
  - ▶ Observe the Problem and your emotional reaction
  - ▶ Express thanks and understanding
  - ▶ Decide your Next steps
- ▶ <https://www.npr.org/2021/08/24/1030659507/receiving-feedback-doesnt-have-to-be-scary-heres-how-you-can-get-most-out-of-it>



# Time to Practice



# Dilemma #1

- ▶ You are teaching in the clinical setting and notice that when you are bedside, one of your learners is pulling out his/her phone and looking at it. You find this disrespectful as you are taking time out to teach and you have even noticed patients taking note of this behavior.
- ▶ **Give the learner some feedback.**

## Dilemma #2

- ▶ Your learner is very smart and capable but gives you pushback if you give him/her any constructive feedback. He/She has been rude to other providers/consultants and flippant about patients.
- ▶ **Give your learner some feedback**

# Role Play Debrief



Observations of the "teacher"    Observations of the "learner"

# Advanced Concepts



## Frame-based feedback

Crucial to diagnose “frames” (thought processes that drive actions)



## Feedback by phase

Early learners: Directive feedback

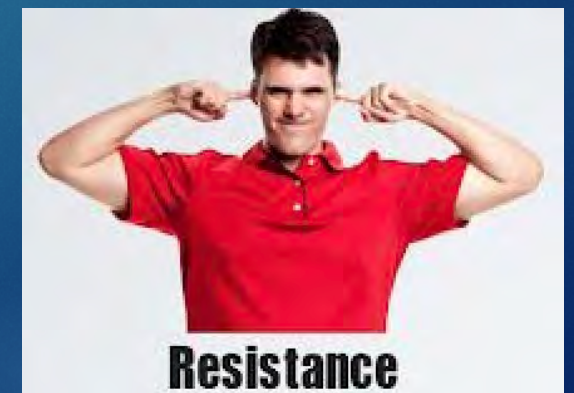
More advanced/Faculty: Facilitative feedback

Paritosh, K. Effective feedback strategies for teaching in pediatric and adolescent gynecology. *J Pediatr Adolesc Gynecol.* 2014; 27: 188-193

Rudolph, J & Raemer D. We know *what* they did wrong but not *why*: the case for “frame-based feedback”. *The Clin Teacher* 2013;10:186-189.

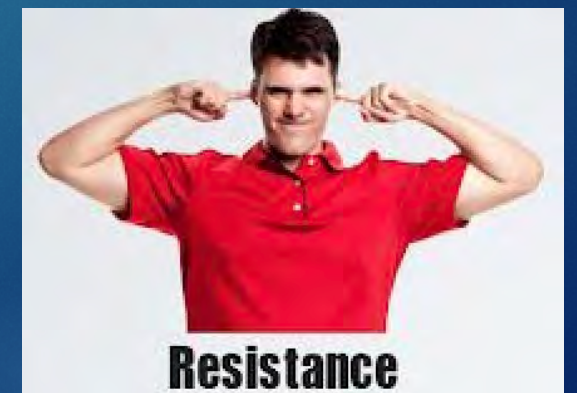
# What if they are defensive?

- ▶ Control your emotions
- ▶ Don't fall into argument-mode trap
- ▶ Focus on the behavior not the person/personality
- ▶ Be specific: "This was observed"
- ▶ Make sure it is proximate to the event



# What if they are defensive?

- ▶ Include shared goals
- ▶ Let them know you recognize their strengths
- ▶ Specify desired future performance
- ▶ Listen to them and elicit clarification



# The Power of PEER Feedback

Self-Improvement	Learning from our peers
To give is to receive	Get better at PROVIDING feedback
Facts	Use hard evidence
Depersonalize	Approach from perspective of curiosity
Honesty	Share information
Coping skills	Handle emotions





# The Power of **POSITIVE** Feedback



Generates a sense of **accomplishment and motivation**



**Call out team members for their strengths** when you see them in the moment



**Be specific!**



Your advice for improvement is better received if they are convinced you care and value them



**SUMMARY:**  
***EFFECTIVE  
FEEDBACK  
IS...***

- ❖ Given to improve learner's performance
- ❖ Expected
- ❖ Well-timed
- ❖ Specific
- ❖ Limited: quantity, remediable behaviors
- ❖ **Collaborative: ASK-TELL-ASK**

# SUMMARY: Strategies to improve feedback

- ❖ Create a **CULTURE OF FEEDBACK**
- ❖ Incorporate it into your routine
- ❖ Think of it as individualized Coaching (share a common goal)
- ❖ Don't assume intentions/interpretations
- ❖ Make it FAST: Frequent, Accurate, Specific, Timely



# SUMMARY: Strategies to improve feedback

- ❖ Know the WHY
- ❖ Be Specific and Direct
- ❖ Question your biases
- ❖ Consider/respect power dynamics
- ❖ Make it a dialogue

<https://www.npr.org/2021/08/20/1029652315/5-tips-to-help-you-give-good-feedback>



**WHAT IS ONE CHANGE YOU  
ARE GOING TO MAKE IN  
GIVING FEEDBACK?**





*Thank You!*