INTRODUCTION/BACKGROUND

CURRENT APPROACHES TO GIVING LEARNERS FEEDBACK
- Feedback (FB) is an essential element in supporting the growth and entrustment of learners to care for patients.
- Numerous FB models abound – from the “Feedback Sandwich”1 to ARCH2 and ART3 – with common features with the teacher:
  - Asking the learner to self-assess their performance
  - Reinforcing what was done well
  - Confirming/correcting what needs to improve
  - Helping the learner identify next steps to improve

PROBLEM: FEEDBACK PROVIDED/RECEIVED
- Feedback remains amongst the lowest rated item on any educational evaluation independent of trainee level or specialty independent of FB model teachers apply, the FB workshops attended, and/or teacher attestations that they give FB.
- Recent study on teaching post-duty hours4 revealed that feedback is rated amongst the lowest.
- Indirect nature of feedback to sustain learner confidence and esteem and preceptor’s social reasons: Not always receiving adequate feedback from peers and supervisors
- Difficulty of self-assessment increases when the “ask” is vague (How do you think it went...?)

OBJECTIVE: To re-define 1st step in FB process informed by recent evidence on factors influencing trainee perceptions of FB & accuracy of learner self-assessment

METHODS:

- Review Literature: Feedback & Self-Assessment
- Reframe Feedback Models = Literature
Test Model in Faculty Development Sessions and Evaluate

RESULTS: LITERATURE

TENSION & RECOGNITION OF RECEIVING FEEDBACK5-6
- Interpretation and uptake of feedback is influenced by trainee’s:
  - Confidence, experience, fear of not appearing knowledgeable
  - Receiving FB is difficult and often doesn’t register with trainees as it strikes at the tension between core trainee needs:
    - Desire to learn/grow to be competent physicians
    - Need to be accepted for who they are
    - Obtaining an optimal final grade
  - Example highlighting this tension
    - When teachers open a FB interaction by “asking” learners “How did it go?”
    - Learners want to appear competent – but know they need to learn = “Pretty well... need a few more details on frequency of fails...”

SELF-ASSESSMENT7
- Humans are poor at producing self-generated summative assessments of their own performance or ability
- WHY? Generating “accurate” summative self-assessments of one’s own level of performance or ability is particularly challenging due to:
  - COGNITIVE REASONS: Information neglect and memory biases
  - SOCIOMETRIC REASONS: It is adaptive to maintain an optimistic outlook
  - SOCIAL REASONS: Not always receiving adequate feedback from peers and supervisors

RESULTS: STARCH FEEDBACK MODEL

1ST STATE FOCUS OF THE FEEDBACK
- Literature review highlighted the need to reform feedback model to support:
  - Clarity of “ask” – making the focus on the self-assessment explicit
  - Direct – unambiguous, recognizable feedback

TEST MODEL IN FACULTY DEVELOPMENT WORKSHOPS
- FB workshops have been updated to reflect STARCH with deliberate practice:
  - How to orient learners by reviewing purpose of FB [to promote learner’s growth] and teacher’s role in “Stating” FB focus prior to learner self-assessment
  - Teachers then practice stating an identified FB focus to simulated learners

DISCUSSION & FUTURE WORK

- ADDING “STATE” to begin the FB interaction is an evidence-based addition to established FB models that is valued by teachers and learners
- NEXT STEPS: Expand model use, develop on-line training materials and infographics, and evaluate its impact using Kirkpatrick levels

REFERENCES
2. Teacher Methods and Materials Swap for Geriatrics Education Session & Poster ID#: C89