

STARCH YOUR FEEDBACK

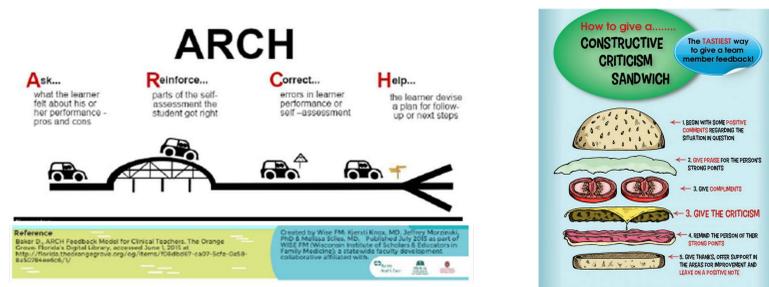
AN EVIDENCE BASED ADDITION TO STANDARD FEEDBACK MODELS

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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 pre-post duty hours⁴ revealed that
 - Faculty have less time to provide feedback
 - Residents request more feedback

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 falls...”

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
 - SOCIOBIOLOGICAL REASONS: It is adaptive to maintain an optimistic outlook
 - 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...?*)



“Welcome to Lake Wobegon, where all the women are strong, all the men are good-looking, and all the children are above average.”

- Garrison Keillor, *A Prairie Home Companion*

INDIRECT NATURE OF FEEDBACK TO SUSTAIN LEARNER⁸

- Indirect nature of feedback
 - OPPORTUNITY SPACES: Allow learner “time” to change answer and affirm correct response (2nd chance)
 - PROVIDE CLUES IN FOLLOW-UP QUESTIONS: Reframe and ask more specific questions to lead learner to “answer”
 - REFRAME THE QUESTION so that the wrong answer becomes correct
 - TREAT WRONG ANSWERS AS POSSIBLE, but in need for further consideration
- Approach preserves learners self-confidence and esteem and preceptor's relationship with the learner
- Learners **DO NOT** perceive they have received feedback as they “discovered” the answers

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
 - Explicit discussion of trainee and teacher tensions/needs
- Updated the standard ARCH FB model to include “ate” → STARCH
 - Teacher begins by *ST*ating the FB focus (e.g., Hx omits key fall risk elements; Dif Dx for dementia)
 - Next teacher proceeds with the Ask - to self-assess strengths/weaknesses relative to that focus, Reinforce, Correct, Help steps in ARCH

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 “*ST*ating” FB focus prior to learner self-assessment
 - Teachers then practice *ST*ating an identified FB focus to simulated learners

RESULTS

- **FB WORKSHOP RATINGS:** Mean 3.7-4.0 (1=least favorable to 4=most favorable).
- **LEARNERS' RATINGS ON ITEM** “teacher provided helpful and timely FB” increased significantly (.40; 5-point scale) 6 months pre/post workshops
- **LEARNERS AND FACULTY REPORT** being “relieved” that the “what I am thinking” game is replaced by providing specific FB to promote learner growth

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

1. Docherff D. The feedback sandwich. *JOPERD*. 1990;61:17-8.
2. Baker SD, Turner G, Bush SC. ARCH: A guidance model for providing effective feedback to learners. *Society of Teachers of Family Medicine Education Column*: November 2015. <http://www.stfm.org/NewsJournals/EducationColumns/November2015EducationColumn>
3. Kalet A & Chou CL (Eds). Remediation in Medical Education: A Mid-Course Correction. NY, Springer, 2014.
4. Mallory R, Jackson JL, Mondragon D, et al. Characteristics of Highly Rated Internal Medicine Attendings Before and After the 2004 Work-Hour Restrictions. *Military Medicine*. 2016;181(1):76-81.
5. Eva KW, Armon H, Holmboe E, et al. Factors influencing responsiveness to feedback: on the interplay between fear, confidence, and reasoning processes. *Adv Hlth Sci Educ*. 2012;17(1):15-26.
6. Stone D, Heen S. *Thanks for the feedback: the science and art of receiving feedback well*. Viking 2014, NY.
7. Eva KW, Regehr G. “I’ll never play professionalism football” and other fallacies of self-assessment. *J of Continuing Education in the Health Professions* 2008;28(1):14-19
8. Ende J, Pomerantz A, Erickson F. Preceptors' strategies for correcting residents in an ambulatory care medicine setting: a qualitative analysis. *Academic Medicine*. 1995 Mar 1;70(3):224-9.

