ACTIVATING LEARNERS TO SOLICIT FEEDBACK IN 30 MINUTES OR LESS

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INTRODUCTION / BACKGROUND

NATIONAL DRIVERS FOR WELL-BEING
- Feedback is an essential component of learning
- Yet constructive feedback is usually:
  - Among the lowest rated items on evaluation forms
  - Is stressful for residents and teachers ≠ well being
- When feedback is provided, it is often:1-2
  - One-way communication – not an interactive dialogue
  - Not actionable – no goal/target performance and/or steps
  - Lacks specific tactics/strategies for improvement

APPROACHES TO IMPROVING FEEDBACK1-4
- Historically the emphasis has been on developing the teacher’s ability to give feedback
  - Decades of faculty development workshops
  - Little to no sustained impact
- Newer research focuses on activating learners to engage in feedback seeking behavior focused on specific goal(s)
- Soliciting feedback can:
  - Shift the learner’s perspective from a fixed to growth mindset in which they focus on his/her valued goal
  - Allow the learner to ask for feedback, shifting the control - with the teacher as an ally in this process

PROJECT AIM
To evaluate if a brief, evidence-based training session highlighting the why and how of soliciting feedback results in a commitment by learners to increase the frequency with which they directly ask for feedback

METHODS: INTERVENTION

PARTICIPANTS: AIAMC NI-VI Fam Med , Ob/Gyn, Radiology & Int Med & Ob/Gyn Residents (N=78) + Med Students (N=43)
30 MIN EVIDENCE BASED SESSION ON SOLICITING FEEDBACK
- The why, who, what, and how of soliciting feedback
- Role that soliciting feedback in optimizing peak performance in other professions: athletes, actors, singers, etc.

METHODS: 4 STEP MODEL = AC2T

EVIDENCE-BASED APPROACH TO SOLICITING FEEDBACK1-4
- What to Ask – Specificity Critical
  - Identify a specific goal/performance seek to improve
  - Consider personal goals, competency/milestone
  - Frame “ask” as the next step to achieve desired goal
- Asking for Feedback = Return on Investment (ROI)
  - Pro: Improve valued goal (to be an expert diagnostician, communicator), promote one’s image by showing engagement, develop teacher as ally
  - Con: Self-preservation (look incompetent), protect self-image, takes effort
- Who/When to Ask:
  - Person: Must be credible clinically, commitment to growth of resident, authentic, approachable, asked you for feedback
  - When: End of specific activity, day, shift, week

METHODS: EVALUATION

END OF SESSION & 2 MONTH FOLLOW-UP SURVEY
Participants completed a brief baseline survey at session and Family Medicine repeated 2 months post:
- How often they currently ask for feedback from their clinical teachers
- How often they intended to ask for feedback
  - 6-point scale frequency scale: 1= 0/times; 2= -1/month; 3=1-2/month; 4=1/week; 5=2-3/week; 6= > 5/week
- Impact on elements associated with well-being

RESULTS: BASELINE & FOLLOW-UP

FREQUENCY ASK FOR FEEDBACK: MED S’S x RESIDENTS
- Current Ask vs Intention to Ask Immediate Post
  - Medical Students (N=43), All Residents (N=78)
- FM (N=17): Fam Med Residents 2 months post

IMPACT OF ASKING FOR FEEDBACK ON WELL-BEING

WHAT WE ARE LEARNING
- A brief 30-minute session increased residents’ intention to solicit feedback
  - 2-mo post data affirmed intention was actualized
- Shift Faculty Development focus to providing actionable feedback with strategies or growth
- Soliciting feedback is a risk – impacting well-being
  - Reframe the resident’s role to include asking for feedback focused on growth to minimize risk
- Explore its positive impact on the teacher/learner relationship as promising new direction for GME

References Include:

MAKE FEEDBACK A PART OF YOUR PERSONAL & PROFESSIONAL GROWTH