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

• Self-Assessment⁷
  o Humans are poor at producing self-generated summative assessments of their own performance or ability
  o WHY? Generating “accurate” summative self-assessments of one’s own level of performance or ability is particularly challenging due to:
    o COGNITIVE REASONS: Information neglect and memory biases
    o SOCIOBIOLOGICAL REASONS: It is adaptive to maintain an optimistic outlook
    o SOCIAL REASONS: Not always receiving adequate feedback from peers and supervisors
  o Difficulty of self-assessment increases when the “ask” is vague (How do you think it went...?)

INDIRECT NATURE OF FEEDBACK TO SUSTAIN LEARNER⁸
• Indirect nature of feedback
  o OPPORTUNITY SPACES: Allow learner “time” to change answer and affirm correct response (2nd chance)
  o PROVIDE CLUES IN FOLLOW-UP QUESTIONS: Reframe and ask more specific questions to lead learner to “answer”
  o REFRAIN THE QUESTION so that the wrong answer becomes correct
  o TREAT WRONG ANSWERS AS POSSIBLE, but in need for further consideration
  o Approach preserves learners self-confidence and esteem and preceptor’s relationship with the learner
  o Learners do NOT perceive they have received feedback as they “discovered” the answers

RESULTS: LITERATURE

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RESULTS: STARCH FEEDBACK MODEL

1ST STATE FOCUS OF THE FEEDBACK
• Literature review highlighted the need to reform feedback model to support:
  o Clarity of “ask” – making the focus on the self-assessment explicit
  o Direct – unambiguous, recognizable feedback
• Explicit discussion of trainee and teacher tensions/needs
• Updated the standard ARCH FB model to include “ATE” → STARCH
  o Teacher begins by STating the FB focus (e.g., Hx omits key fall risk elements; Dx for dementia)
  o Next teacher proceeds with the Ask - to self-assess strengths/weaknesses relative to that focus, Reinforce, Correct, Help steps in ARCH

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TEST MODEL IN FACULTY DEVELOPMENT WORKSHOPS
• FB workshops have been updated to reflect STARCH with deliberate practice:
  o 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
  o Teachers then practice STating 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

PRESENTED AT: 2016 American Geriatrics Society Annual Meeting – Long Beach, CA
Teachers Methods and Materials Swap for Geriatrics Education Session & Poster ID#: C89
Poster Available for Download Via QR Code – Aurora Health Care Selects Genetics
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